SWAZI MEN4HEALTH

A STANDARDISED MODULE FOR INTERPERSONAL COMMUNICATION

COMMUNICATING ABOUT HIV RISK REDUCTION STRATEGIES WITH MEN

HEALTH COMMUNICATION CAPACITY COLLABORATIVE

USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

Suggested Citation:
Health Communication Capacity Collaborative (2015). Swazi Men4Health: Discussion guide for interpersonal communication with men aged 25-39. Baltimore: Johns Hopkins Center for Communication Programs. © 2015, Johns Hopkins University. All rights reserved.

Credit:
This publication may be reproduced without permission, provided that the material is distributed free of charge and the collaboration of Johns Hopkins Center for Communication Programs (CCP) and the Health Communication Capacity Collaborative (HC3) is acknowledged.

Information on Use:
Comments and requests for information related to obtaining the *Swazi Men4Health Guide* and training on how to use the resource can be directed to:

The Chief of Party
Health Communication Capacity Collaborative
Johns Hopkins Center for Communication Programs
P. O. Box 6343, Mbabane H100, Swaziland.

Tel: +268 24 04 77 20/55 21/55 48

Or

info@healthcommcapacity.org

ACKNOWLEDGMENTS

This guide was produced with technical assistance from the Health Communication Capacity Collaborative (HC3) – which is based at Johns Hopkins Center for Communication Programs (CCP) – with generous support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) Swaziland.

The guide consists of interactive sessions using a diverse range of participatory methods to enable individuals to become aware of their own personal risks to HIV infection, learn about strategies to reduce their risk and make decisions to adopt appropriate risk reduction strategies to avert HIV acquisition and/or transmission.

The discussion guide is an outcome of hard work by communities and the HC3 team. In addition, the invaluable technical contribution and support that HC3 received from its collaborators cannot go without mention.

We are immensely grateful to community volunteers, HC3 field staff at all levels and our collaborating partners, notably the Swaziland National AIDS Program (SNAP) in the Ministry of Health and the National Emergency Response Council for HIV and AIDS (NERCHA) for their insights that have informed the development of this guide.

Several individuals, too numerous to mention one by one, made invaluable contributions. The core team involved Glory Mkandawire, Sibongile Mndzebele, Chris Mzembe, Bheki Vilane, Tengetile Hlophe, Tina Dickenson and Beth Mallalieu. The team is greatly inspired by the technical experience and methodical approach of Jane Brown, CCP, because of the workshop she facilitated in April 2015 that gave birth to the structure and content of this discussion guide.

Finally, the discussion guide is made possible by the generous support of the American people through USAID. The contents of this guide are solely the responsibility of HC3, and reflect the views of neither USAID nor the United States Government.

TABLE OF CONTENTS

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CCP	Johns Hopkins Center for Communication Programs
CEG	Community Engagement Group
DQA	Data Quality Assessment
eNSF	Extended National Strategic Framework 2014-2018
GBV	Gender-based Violence
HC3	Health Communication Capacity Collaborative
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IPC	Interpersonal Communication
M&E	Monitoring and Evaluation
NERCHA	National Emergency Response Council for HIV and AIDS
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
QI	Quality Improvement
SNAP	Swaziland National AIDS Program
STI	Sexually Transmitted Infection
SWAGAA	Swaziland Action Association Against Abuse
USAID	U.S. Agency for International Development
VMMC	Voluntary Medical Male Circumcision

WELCOME TO THE DISCUSSION GUIDE

Welcome to the *Swazi Men4Health Discussion Guide for Interpersonal Communication with Men Aged 25 to 39*.

The goal of the extended National Multisectoral Strategic Framework for HIV and AIDS (eNSF, 2014-2018) is to halt the spread of HIV and reverse its impact on Swazi society. The first priority, in pursuit of that goal, is to prevent new HIV infections and reduce mortality among people living with HIV (PLHIV).

Political and community leaders in Swaziland, in concert with service providers and the support of development partners, are working tirelessly to combat the epidemic. But more work needs to be done to reach the right people in the right places with the right messages and services that address their unique vulnerabilities to HIV and AIDS. One of the strategic gaps among HIV prevention programming identified in the eNSF is inadequate targeting of interventions and services and a lack of intensity for reaching those most vulnerable.

This guide was developed to address this gap by focusing on the age group of men that face the highest risk of HIV acquisition and/or transmission (men aged 25-39), and defining a communication package that addresses key behavioural determinants that influence desired behavioural outcomes in respect to uptake of key HIV prevention services. The basis for the guide is the eNSF and the *Core Package for HIV Prevention: Guidelines for Implementers*. The design was modelled after the *Tasankha Discussion Guide,* produced by the Malawi BRIDGE II project, also implemented by CCP.

We believe that Swazi Men4Health will spur the desperately needed action for a systematic approach to finding and reaching individuals, groups and communities that face the highest risk of HIV acquisition and/or transmission, thereby launching a cycle where the risk of HIV acquisition and/or transmission is minimised or otherwise eliminated through the uptake of key HIV prevention services.

Glory Mkandawire
Chief of Party, Health Communication Capacity Collaborative Swaziland

OVERVIEW

This guide has three modules – each to be completed in one day. Thus, the entire guide can be implemented over a three-day period. It is recommended to tackle one session per day and stagger the sessions to allow space between them during which participants will reflect on what they have learnt, especially in the first two sessions, and attempt to practice the recommended behaviours.

Module Highlights:

Module 1 focusses on defining risk and recognising what types of risks an individual may take. It also reviews comprehensive information about HIV and AIDS, and highlights key HIV reduction strategies, concluding with service mapping.

Module 2 explores the barriers and facilitators of HIV risk reduction strategies introduced in Module 1. The content is similar to Module 1, however, the intention of this session is to "stretch" participants to critically examine the practical barriers and enablers of positive behavioural outcomes that reduce the risk of HIV acquisition and/or transmission.

Module 3 guides participants through the exercise of developing individual risk reduction plans. This session helps participants to determine the actions that they will take at the personal, family, social, such as friends and co-workers, and community levels. This activity helps to bridge knowledge and action. It concludes with a graduation ceremony where participants who participated in all three sessions are awarded a certificate, which is a reminder of what they have learnt and the promises they made to themselves.

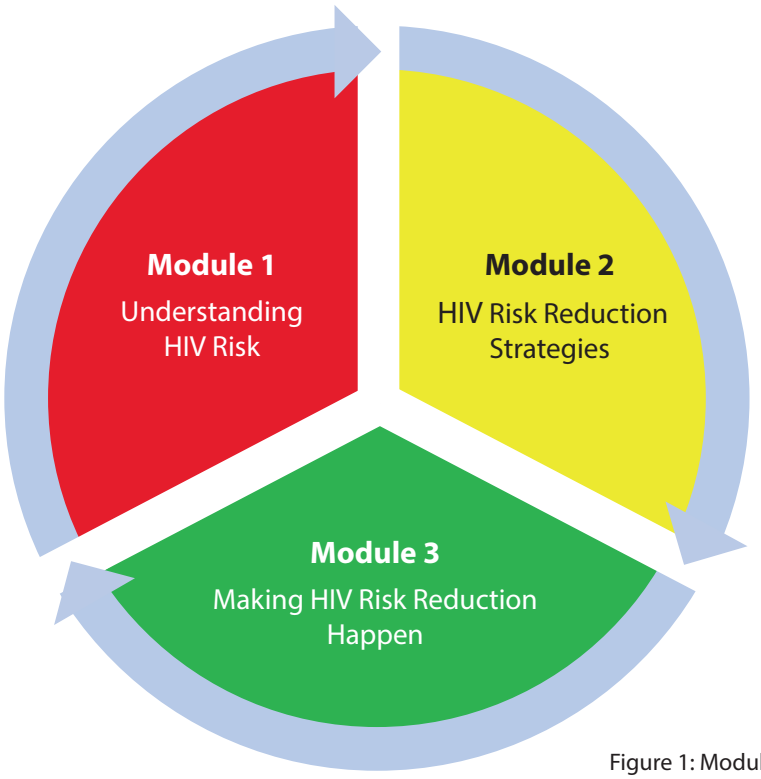

Figure 1: Modules in this Tool

THE SWAZI MEN4HEALTH DISCUSSION GUIDE

The Swazi Men4Health Discussion Guide is an interactive tool designed for interpersonal communication (IPC) with men aged 25-39 in communities in Swaziland. The aim of the discussions is to provide comprehensive knowledge about HIV and AIDS and increase awareness of HIV risk, learn about strategies to reduce risk and ultimately take action to reduce one's own risk.

The guide is comprised of three modules, as follows:
- Understanding HIV Risk
- HIV Risk Reduction Strategies
- Making HIV Risk Reduction Happen

The delivery of these modules is designed as a three-day course whereby one module is delivered per day and there is a certificate-awarding ceremony on the last day. The certificate is intended to be a memento that will remind the individual of their responsibility and personal commitment towards realising the vision of His Majesty the King of an HIV-free generation in Swazi society.

Men who participate in sessions using this tool will be able to:
- Increase their understanding of HIV transmission, prevention and antiretroviral therapy (ART) and the importance of adherence.
- Increase their awareness and understanding of the gender norms that impact HIV risk, prevention, ART adherence and service uptake.
- Examine and identify their risk for HIV and develop a personal plan and commitment to reduce their risk.
- Practice new skills to prevent HIV infection.
- Use condoms correctly and consistently.
- Increase their use of HIV-related services including HIV testing and counselling (HTC), prevention of mother-to-child transmission (PMTCT) and ART.
- Discuss what they have learned during the sessions with others, such as their family, peer group and community, and inspire others to take action to reduce their HIV risk and access related services.

Target Group
As mentioned above, the information and activities in this guide are primarily tailored for discussions with men aged 25 to 39 years. The guide can be used for younger or older populations, but adjustments will need to be made to be responsive to the available evidence concerning a population's specific risks to HIV acquisition and/or transmission.

Desired Outcomes
As a result of the above actions, the following outcomes among men ages 25-39 are anticipated:
- Increased uptake of HTC
- Increased correct and consistent condom use
- Increased uptake and adherence to ART for those that test HIV-positive
- Reduction of multiple concurrent partners
- Increased support for PMTCT
- Reduction in gender-based violence (GBV)

UNDERSTANDING YOUR AUDIENCE

The Swaziland HIV Incidence Measurement Study (SHIMS, 2014) provides insights into the sub-populations facing higher risk of HIV acquisition and/or transmission. While overall prevalence has stabilised and survival rates among people living with HIV has improved, the rate of new HIV infections is a major threat to realising an HIV-free generation.

With a generalised epidemic about one in three (31 percent) adults aged 18-49 years live with HIV in Swaziland. Among adult men, new HIV infections rise from a low of 0.84 percent among those aged 18 to 19 years to 1.66 percent among those 24 to 25 years. This rate doubles to 3.12 percent among 30 to 34 year-olds before tapering off to zero among those 45 to 49 years.

Among the many risk factors, low HIV testing rates, low access and adherence to ART, low condom use and low male circumcision rates are the most critical. Only about one in every three men have been tested for HIV and know their status. One in every two men with an HIV-positive test are unaware of their status. Of those that know their HIV status, 58 percent are on ART. The risk of HIV infection is four times greater for men who do not know their partner's HIV status.

Social norms around masculinity lead to poor health-seeking behaviours and a low reporting rate of GBV. Men generally regard medical help as the last option and, as such, are less likely to seek health services. These factors put men at increased risk of HIV acquisition and/or transmission.

LEARNING PRINCIPLES USED IN THE GUIDE

This guide reinforces active learning, with a view to change ideas, beliefs and practices that are harmful or interfere with healthy behaviours, while expanding community members' capacities to learn new things.

Active learning goes beyond the ability to remember and recall. It is about questioning, examining and critiquing the material presented. This helps people to learn fully, providing them the opportunity to think critically about what they have learnt and how it applies to real-life situations at home or in their social circles.

The guide also applies principles of adult learning which emphasise concrete images, examples and experiences that promote learning in adults. Key principles[1] include the following:

- **Experience and Goal-Oriented:** Adults have accumulated invaluable experience and they become stimulated when given an opportunity to share their experiences and apply those experiences to future actions. They also are interested in how new information can be applied to their own life.

- **Involvement:** Adults resent being "talked to." They are more stimulated when they are participants in the conversation and "co-learners" or "co-teachers" with the facilitator. Thus, the most effective facilitator is the one that "learns to listen and listens to learn."

- **Relevance and Expectations:** Adults are usually practical. They have real-life pursuits and are motivated by learning experiences that have immediate relevance to their daily life struggles. Therefore, a key part of the facilitator's role is to highlight the benefit of the activities and sessions. In doing so, it is still vital to engage participants in sharing their expectations to ensure what is important is addressed where possible. The facilitator must "think on his/her feet" and establish linkages between what participants see as important and beneficial to them, such as their expectations, and the purpose of this guide.

- **Self-Motivation and Respect:** Regardless of the motives, adults participate in the learning process voluntarily and are self-motivated. A facilitator must try and understand why adults have come for the sessions and develop rapport with them by showing interest in them, appreciation for their coming and asking them their preference of how to perform some tasks. When they feel respected, their commitment to the learning process also will be strengthened.

[1]Knowles, M. (1984). The Adult Learner: A Neglected Species (3rd Ed.). Houston, TX: Gulf Publishing

HOW TO USE THIS GUIDE

Key Assumptions

It is assumed the facilitator using this guide already has:

- Well-developed facilitation skills
- Comprehensive knowledge about HIV and AIDS
- Basic knowledge about IPC

If a facilitator lacks any of the above listed attributes, it is recommend those gaps be addressed prior to commencing any sessions. The objectives, content and structure of this guide can inform the development of a tailor-made capacity building curriculum for facilitators.

Before the Session

- Become acquainted with the contents of this guide
- Mobilise the target population:
  - Identify the community link person, such as the community development assistant, rural health motivator and Gogo Center clerk
  - Share the expectations and duration of the sessions with the community link person, and agree on the place and start time
  - Estimate the possible number of participants and generate an initial list of participants. The group should be no more than 25 people to allow for good discussion and for the facilitator to easily manage the group

During the Session

- Do not feel under pressure to know the answers to all questions from participants. Feel free to refer participants to the health facility or tell them that you will look for the answer and provide it another day. Be sure to follow up on any questions that you agreed to investigate.
- Be enthusiastic and motivate the participants to feel free and participate actively.
- Be organised – keep time and follow the recommended sequence and time allocated.

After Completing Each Module

- As part of quality improvement (QI), the facilitator using this guide should take a few minutes to reflect on what worked well, what did not work well and provide concrete suggestions on how to improve the process in future sessions.
- Complete the activity participation form in Appendix I and ask a participant to endorse it. Before asking a participant to sign, it is important to explain the purpose of the data form and ensure they do not feel pressured to sign if they are not comfortable doing so.
- Write out referrals for any participants who want to go to a health facility.

GUIDELINES FOR THE FACILITATOR

The facilitator's aim is to guide community members through reflecting on what they have learned and how they can use it. The facilitator should summarise the main ideas and interpret them in a way in which community members can relate. The facilitator should also assess learning by asking community members what positive choices and actions they are going to take as a result of what they have discussed. Take special note of the following:

- **The People:** Know your target group. Before any session begins, ensure you have the basic knowledge of the group. Be aware of how many people will be in the session that you will conduct and the variety of backgrounds represented.

- **The Place:** Ensure that the venue is conducive to learning and discussion of this nature. The venue should be protected from distraction, such as noise from passers-by. It should also have access to necessary facilities, such as water and toilets.

- **Resources:** Organise all needed resources well in advance and make sure you know how to use them. It is advisable to have a field pack that has all the needed materials. Be creative and use locally available materials.

- **Facilitation Tips**
  - Welcome participants and greet them all. Show that you are excited. This helps create anticipation among the participants.
  - Introduce yourself.
  - Ask participants if they want to start the day with a prayer. If they agree, ask a volunteer to pray.
  - Give participants the chance to introduce themselves.
  - Encourage all participants to be free and at ease. Ensure that they understand the importance of the discussions that you will have.
  - Agree on a few key rules of engagement.
  - If it is at the beginning of a module, consider starting with an appropriate ice-breaker or energizer, suggestions can be found in Appendix II.
  - If it is a follow-up session, recap the previous session by providing a summary focussed only on key points.
  - Explain the title and intention of the session clearly.
  - Explain your expectations. Keep them short and to the point. Ask participants if they have any additional expectations.
  - Explain how long the session will take and engage participants to agree on what time to start and when to end. Once this is done, keep to the recommended times for the sessions. During break times, set an example by being punctual yourself. Ask the group to appoint a time keeper if helpful.
  - Topics on HIV and GBV are sensitive, such as prevention with positives and post-exposure prophylaxis following an abusive event. As a facilitator, be mindful that some people might be affected directly and encourage the group to be sensitive to these potentially upsetting trigger points.
  - Ensure that everybody participates actively by encouraging those that are shy or withdrawn, and tactfully controlling those that want to dominate the discussion.
  - Encourage everyone to participate actively.
  - It might be beneficial at times to separate participants according to narrower age groups.
  - Use the "power-of-silence": when you pose a question and participants appear to be unresponsive, try to be silent for a moment and wait for someone to say something. This may have a more powerful

effect than continuing to prod them to talk or respond.
- Remember that community members like to be shown respect. This can be by use of their praise names when asking for peoples comments on the discussion point or recognising their contributions to name a few.
- Invite participants to share what they learnt and what actions they are contemplating as a result of the activity/session. Close each session by summarising the key messages from each activity/session.

Considerations

- These discussions will be among men only. However, this seemingly homogeneous group might have social dynamics that require the facilitator to be extra sensitive and aware of the group dynamics that may impede open conversation, such as some men will have their fathers, father-in-laws, uncles, son-in-laws and brother-in-laws in the same group.
- **Dress code:** Facilitators must ensure that the way they are dressed does not interfere with the facilitation. It is thus important to know your community.

Interactive Techniques

Facilitators have a diverse set of participatory techniques to choose from to use in a session. These include role plays, real-life stories, brainstorming, small group discussions and individual tasks. All these methods have been included in this guide.

Role play has been used more than the other methods. This is because role play gives more opportunities for everyone to participate. For example, the generally quiet personality can act out real-life situations in deeper ways than perhaps words can explain. The following are some of the advantages of using role play:

- **Role play provides information.** Role play uses true-to-life drama. It helps people dramatize the myths that people spread and how to dispel the myths. Through role play, people might explore problems that they might otherwise feel uncomfortable discussing in real life.
- **Role play creates motivation.** Role play can effectively dramatise the external pressures that people face in real life and the difficult psychological situations, which are sometimes the direct consequences of poor decision-making and risky behaviours.
- **Role play builds skills.** When done well, role play has the potential to shape behaviour. It can demonstrate various skills, such as negotiation, assertiveness and decision-making.
- **Role play creates a linkage to resources.** Role play can create the opportunity to inform the audience about services that exist in the community. It can catalyse a critical analysis of the quality of services that are provided, such as whether providers respect the rights of clients, like confidentiality.

When using a role play, provide a sufficient amount of time. After the role play, ask questions to find out what participants learnt from the role plays conducted. Instead of using the same people throughout, encourage every participant to take part in one of the role plays.

BASICS OF INTERPERSONAL COMMUNICATION

Principles[2]

- *IPC is inescapable:* silence or not saying anything in itself communicates something.
- *IPC is irreversible:* what has been said cannot be fully retracted.
- *IPC is complex:* how the message is passed on and interpreted depends on who you think you are, who you think the other person is, who the other person thinks you are, who the other person thinks s/he is, where the conversation is taking place, when the conversation is taking place and who else is involved.
- *IPC is contextual:* contexts influencing how we communicate are psychological context, such as who you are and what you bring to the interaction (needs, desires, values and personality); relational context, such as your reactions to the other person; situational context, such as the "where" (board meeting or bar discussion, party or funeral vigil); environmental context, such as the physical "where" (under a tree, in a hotel, sitting on the ground, sitting on chairs, temperature and season); and cultural context, such as learned behaviours and rules that affect the interaction (in some cultures long, direct eye contact signals trustworthiness while in others it is rude).

Best Practice

- Command the attention of the participants.
- Communicate a benefit. People are more likely to change their behaviour if they know what's in it for them.
- Appeal to their emotions.
- Communicate a clear message that is understandable, relevant and delivered in a language that is familiar and appropriate. Prioritise what is most important to communicate.
- Provide a clear call to action. Participants should understand what they are supposed to do to achieve the desired result. Many times this will include promotion of service uptake.
- Create trust. Make sure that the messages take into account the cultural and social world view of the participants, are framed in the context of their day-to-day and overall priorities, and that are not offensive.
- Be consistent and ensure the messages are harmonised with what other partners are saying and, above all, are not contradictory.

[2]King, Donnel. (2000). Four Principles of Interpersonal Communication. Accessed from: http://www.pstcc.edu/facstaff/dking/interpr.htm

SESSION PLANNING

"Give me six hours to chop down a tree and I will spend the first four sharpening the axe."
- Abraham Lincoln

This tool has ensured that the content is right for the group for which it is intended. Module 1 meets the minimum standard. However, a certificate of completion would only be issued to participants if they go through all three modules.

Before you decide to conduct these sessions in a community, it is important to talk with the leadership or community link person about what your plans are and explain how your work can benefit their community. Explain that for this workshop you plan to only target men as this population is often not reached with interventions.

It is important to be familiar with the content you will present and all methods to be used before going into the community. Be sure to practice before and make sure that you have all materials needed before beginning the session.

Facilitator's Note:

1. The discipline of planning is vital for both success and quality.
2. The guides should be used in groups of 25 participants or less.

There is a field readiness checklist located in Appendix III that can be used to assess if you are ready to present in the field.

REFERENCES AND SOURCE MATERIALS

Materials in this guide include elements from and/or have been adapted from or otherwise inspired by and the following sources:

1. Central Statistical Office (CSO), UNICEF. (2011). Swaziland multiple indicator cluster survey 2010. Mbabane, Swaziland.
2. EngenderHealth and Planned Parenthood Association of South Africa. (2001). Men As Partners: A Program for Supplementing the Training of Life Skills Educators. Second Edition. New York, New York.
3. Interagency Gender Working Group. (2015). Accessed at http://www.igwg.org/
4. Johns Hopkins Center for Communication Programs. (2005). People like us: An HIV Participatory Assessment Discussion Guide, Johns Hopkins University Health Communication Partnership (JHU/HCP), Windhoek, Namibia.
5. Johns Hopkins Center for Communication Programs. (2011). Tasankha Facilitators' Guide. Malawi BRIDGE Program, Lilongwe, Malawi.
6. Johns Hopkins Center for Communication Programs. (2013). The P Process: Five Steps to Strategic Communication. © 2013, Johns Hopkins University. Baltimore, USA.
7. Johns Hopkins Health and Education in South Africa & Sonke Gender Justice. (2010). Brothers for Life Facilitators Guide. Johannesburg, South Africa.
8. Ministry of Health and NERCHA. (2015). Core Package for HIV Prevention (working draft). Mbabane, Swaziland.
9. Ministry of Health. (2013). National HIV Annual Report. Mbabane, Swaziland.
10. Ministry of Health. (2012). Report on the Second Behaviour Surveillance Survey Adult and Youth Component Process. Mbabane, Swaziland.
11. Ministry of Health. (2012). Swaziland HIV Incidence Measurement Survey (SHIMS) First Findings Report. Government of Swaziland. Mbabane, Swaziland.
12. Ministry of Health. (2012). Swaziland HIV Incidence Measurement Survey (SHIMS) First Findings Report. Mbabane, Swaziland.
13. National Emergency Response Council on HIV and AIDS. (2014). Extended National Strategic Multisectoral Framework for HIV and AIDS (eNSF) 2014-2018. Mbabane, Swaziland.
14. SWANNEPHA. (2011). The Stigma and Discrimination Index Survey. Mbabane, Swaziland.
15. UNICEF. (2007). National Study on Violence against Children and Young Women in Swaziland. Mbabane, Swaziland.
16. University of Michigan. (2010). Pedagogy of Action: The Module on HIV prevention through Education. Accessed from: http://sites.lsa.umich.edu/nzh/the-module-on-hiv-prevention-through-education/.
17. World Health Organization. (2014). Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. WHO, Geneva.

MODULE 1:
UNDERSTANDING HIV RISK

MODULE OVERVIEW

Objectives:
After participating in this module, participants will be:
- Acquainted with basic HIV facts
- Aware of their individual levels of risk for HIV acquisition and/or transmission
- Familiar with key HIV risk reduction strategies
- Aware of core HIV services within their locality

Activities:
1. Exploring the Concept of Risk
2. The Story of Wandile
3. Individual HIV Risk Assessment
4. Basic Facts about HIV
5. HIV Risk Reduction Strategies
6. Service Mapping

Materials:
- Copies of the Story of Wandile (Appendix IV)
- Copies of the HIV risk assessment tool (Appendix V)
- Newsprint/flipchart paper
- Markers
- Wooden penis model
- Male condoms
- Female condoms

Module Introduction:
In this module, we begin to explore the idea of risk, what it is and what it means when we talk about HIV. We also will review basic HIV facts and discuss seven risk reduction strategies to prevent the transmission and acquisition of HIV.

This is the first of three sessions that we will be conducting here and we hope that you will be able to attend all three. Each session will build upon the previous one to form a comprehensive program.

Questions and comments are welcome at any time. If you do not feel comfortable asking in front of the group, please feel free to come up to me after the session and we can have a private discussion.

EXPLORING THE CONCEPT OF RISK

Aim:
After going through this session, participants will have a basic understanding of risk, how and why people take risks, and the range of risks from low risk to high risk, in relation to HIV.

Materials:
- Flip charts
- Markers

Directions:
Step 1: Briefly Introduce the Topic
Inform participants that you will have a discussion on:
- What is risk? How do you define a risk?
- Why do people take risks?
- Susceptibility and severity of risks related to health.

Step 2: Lead an Open Discussion with the Larger Group
Ask for volunteers to share their understanding of risk. Write answers on a piece of flipchart to reflect on:
- What comes to your mind when you hear the word risk?
- What is a risk you or someone you know has taken in the past? Why was it a risk?

Summarise the discussion by emphasising key words and phrases used by participants.

Share the definition of risk (from Merriam-Webster) below:
- Risk is the possibility that something bad or unpleasant, such as injury or loss, will happen, or that someone or something may cause something bad to happen.
- Risk can be either low or high.
- When risk is LOW, it means that either the likelihood of it happening, impact to the person's life or both are low.
- When risk is HIGH, it means that either the likelihood of it happening, impact to the person's life or both are high.

Step 3: Group Work
Divide participants into groups of six to eight people.

Ask participants in each group to:
- Select a group leader who should moderate the discussion and a reporter who should take notes for the group discussion.
- Share personal experiences of risk – any risk.
- Rank the risks as LOW or HIGH.
- Select two risks that they want to share in plenary.
- For each of the two risks, they should explain the criteria that they used to rate is as either LOW or HIGH.

Step 4: Plenary
Let each group report back in plenary.

In plenary, after group presentations, ask participants to explain some of the reasons why people take risks.

Step 5: Summary
Conclude the plenary with a succinct summary.

Risk is exposure to the chance of injury or loss.
- Risk can either be LOW or HIGH.
- When risk is LOW, it means that either the likelihood of it happening, impact to the person's life or both are low.
- When risk is HIGH, it means that either the likelihood of it happening, impact to the person's life or both are high.

People take risks because their perception of the value of the benefit from an action is considered greater at that point in time than the potential for injury or loss.

To avoid or reduce risk an individual has to:
- Avoid or reduce the likelihood of loss or harm.
- Reduce the severity of the loss or harm when it happens.

Step 6: Wrap Up
In this session, we have learnt what risk is and why people take risks. In our next session, we will explore some of the ways men take risks related to HIV. We will do this with the help of a story of a man named Wandile.

THE STORY OF WANDILE

Aims:
After discussing the Story of Wandile, participants will be able to:
- Critically analyse the health risks that men may take and the consequences of such behaviours to themselves and their families.
- Identify the key determinants of risky health behaviours.

Materials:
Copies of the story of Wandile (Appendix IV)

Directions:
Step 1: Briefly Introduce the Session
Inform participants that you are going to read the story of Wandile and you would like them to actively listen.

Distribute copies of the Story of Wandile. If you do not have copies of the story, that is fine, but you will need to read the story to the group then. The story is in Appendix IV for ease of printing.
- If you have copies of the story, ask participants to volunteer to read a section of the story in turn, pausing at points as indicated in the story.

Step 2: Lead Discussion at Certain Points in the Story
When the story reaches a place to pause, ask the participants the discussion questions listed below and lead them through the exercise of discussing each issue raised.

Step 3: Conclude the Story and Final Questions
Wrap up with the final discussion questions. Ask participants if they have any further questions or clarifications.

The Story of Wandile
Wandile and Nomphilo are a young couple who live in Mahlanya, which is Wandile's parental home. Wandile is a 33-year-old man, while Nomphilo, his wife, is 22. They are traditionally married. They have been together for two years now and have a three-month-old baby boy, Nhanhla. They named the baby after Wandile's paternal grandfather. They are a happy couple, but it has been four months since the last time they were intimate with each other. This is beginning to pre-occupy Wandile.

Pause to ask discussion questions.
- Why might Wandile and Nomphilo not have had sex during the past four months?
- Is this common practice?
- What relationship/intimacy challenges do men face when their wife/partner is pregnant or has a baby?
- What relationship/intimacy challenges do women face?

Wandile is known for his enterprising spirit and hard work. He earns a living as a small-scale farmer. He produces vegetables, such as maize, which he sells while still fresh. Out of the family herd, 11 of the cows belong to him. He bought them with the proceeds from his vegetable sales. In his vegetable field, he uses manure from the family's cattle kraal, which helps him to cut the cost of inputs. He also has small-scale irrigation equipment, which helps him to grow crops in the off-season, when the rainy season ends or when there are dry spells. Because his field is along a busy road, he prefers to cook or roast the fresh maize and sell

it directly to passers-by. He makes more money that way, compared to selling it wholesale to middle men. His field is almost his second home, as he works from dawn to dusk. He has employed a young man, Gcina, who helps him both in the field and with the selling.

Pause to ask discussion questions.

- What is the typical portrait of a successful man in this community?
- What are the main qualities of men who get married?
- Is marriage likely only if a man is successful?

Nomcebo, a 32-year-old single woman, is the most frequent among the regular buyers of vegetables and fresh maize from Wandile's field. She recently returned from the big city after a long time. She runs a spaza shop about a football field's length away from Wandile's field. She is mature, pretty, and generally jovial and friendly. She pays for what she gets only when she finds Wandile's young helper alone. When Wandile is present, she deals directly with him and, on many occasions, gets what she wants on credit. Wandile also is quite generous to her. Gcina has no idea whether or not she settles her debts.

Of late, under the cover of darkness, Wandile has been paying brief visits to Nomcebo at her house. On other occasions, Nomcebo has been asking for a lift from Wandile when he goes to the big city for deliveries. The frequency of Wandile's visits to Nomcebo have increased over the past two months. But not a soul, except Nomcebo's 8-year-old daughter, Nonhlanhla, has seen him visit her. She fondly calls Wandile "malume," but the resemblance between Nonhlanhla, Nomcebo's daughter, and Nhanhla, Nomphilo's son, is quite striking.

Pause to ask discussion questions.

- Do you think Nomcebo settles the debts for the produce she gets on credit from Wandile's field? Explain what makes you think that.
- In your opinion, what are the reasons for Wandile's visits to Nomcebo at her house? Explain what makes you think that.
- In your opinion, why is there resemblance between Nonhlanhla (Nomcebo's daughter) and Nhlanhla (Nomphilo's son)? Explain what makes you think that.

On several occasions lately, Wandile has even slept over at Nomcebo's house. Each time, he made sure to call/phone Nomphilo in the early afternoon to inform her that he was leaving for town to follow up on his payments for deliveries he had made. Each time, he called again in the evening to say that he was held up in town, so he would sleep over at a friend's place. He tried to make sure Nomphilo was not stressed about his whereabouts.

Pause to ask discussion questions.

- In your opinion, what is happening in this situation? Why?
- What do you think Nomphilo thinks about these trips? Do you think she suspects something?

On some of those days, Wandile indeed spent the night in town, but not at a friend's place. He instead slept at a guest house with Celiwe, a recent acquaintance who works at one of the shops. She is the one who receives Wandile's deliveries at one of the big shops. Celiwe is pretty, cheerful and courteous. She makes him feel important. But there was something else about her. Her smile and graceful steps were irresistible. One day, Wandile thought of trying out his luck with her. She agreed! Wandile felt ecstatic and, momentarily, did not know what else to say to her. From then on, it seemed like Wandile had a spell cast on him. He creates every opportunity to go to the big city and "get stuck" there so that he can spend good time with Celiwe. She seems to know a lot about making a man happy in bed. She is not demanding. It makes Wandile feel truly indebted to her, so he voluntarily gives her cash gifts, which Celiwe receives with a great smile and faked reluctance.

Pause to ask discussion questions.
In your opinion, what is happening in this situation? Why?

Nomcebo is now two months' pregnant. When she first discloses to Wandile, it sparks a sharp disagreement between the two, because Nomcebo also was dating another man known to Wandile. But Nomcebo insists that she always used a condom with her other man friend, and only allowed Wandile not to use a condom, because he is the father of her daughter.

Wandile is now anxious about what Nomphilo will do when she learns about Nomcebo's pregnancy. He also worries about his reputation in the local church where he is a deacon. When he walks, he feels heavy as though the whole world is resting on his shoulders. He often feels tired and has become irritable.
The young man that works for him has taken notice that Nomcebo has reduced her frequency to come and buy produce, including roasted maize. He has also taken notice that his boss is not as agile and cheerful as before. On many occasions he has heard him sigh and mutter things to himself.

"Mphatsi, is everything ok with you?" Gcina asks. Wandile pretends not to hear and sends him to fetch something. At home that evening, Nomphilo also convinces herself that all is not well with her husband. He looks tired, does not finish his food and barely says anything.

"Babe, you don't look your usual self these days. Is everything ok with you?" she asks. In a similar manner, he ignores her question and asks for a cup of water to drink.

Pause to ask discussion questions.
- Ask for two volunteers to extend the story by a few sentences, concluding it with a sad ending.
- Ask another two volunteers to extend the story in few sentences, concluding it with a happy ending.

Concluding Questions
1. What do you like about the story?
2. Why do you think Wandile had sexual relationships with Nomcebo, Cebile and Celiwe at the same time?
3. If you were Wandile,
   - What answer would you have given to Nomphilo's question?
   - What answer would you have given to the question asked by Gcina, Wandile's helper?
4. What are the specific behaviours that exposed Wandile to health risks? (Explain the specific health risks involved).
5. From your own experiences, what are the forces at play when men take health risks, such as the ones Wandile took?

INDIVIDUAL HIV RISK ASSESSMENT

Aim:
After going through this session, participants will understand their own susceptibility to health risks, with emphasis on HIV acquisition and/or transmission.

Materials:
- Copies of the HIV Risk Assessment Tool (Appendix V)
- Pens

Directions:
Step 1: Introduce the HIV Risk Self-Assessment Tool.

Step 2: Share the definition of "acquisition" and "transmission" as used in this tool, and why both need to be prevented. Mention the following and indicate that these will be discussed in greater detail in subsequent sessions:
- **Transmission** primarily refers to the situation whereby HIV is passed from an HIV-positive person to an HIV-negative person. However, a person that is HIV-positive also can be re-infected. Both situations must be prevented. Correct and consistent use of a condom is effective at preventing this from happening. ART compliance among HIV-positive individuals also reduces the viral load and prevents the likelihood of passing on HIV, especially if there is correct and consistent use of condoms, as well.
- **Acquisition** refers to the situation whereby a person that is HIV-negative is exposed to HIV and, ultimately, gets infected, such as the person sero-converts from HIV-negative status to HIV-positive status. Every HIV-negative person has the right and responsibility to make the behavioural choices that will prevent this from happening. Correct and consistent use of condoms is effective at preventing this from happening.

Step 3: Hand out a copy of the tool to all participants.

Step 4: Explain the process for using the tool.
- Working by yourself, answer all of the questions by either checking yes or no.
- Mark only one answer for each question.
- Do not consult your friend. Your answers are confidential.

Step 5: Provide the participants with about five minutes to complete the tool.

Step 6: Walk through the questions with the group and explain what a Yes or No answer means for each question based on the table below.

Step 7: Answer any questions and lead a discussion around the assessment.
- Without asking the men to disclose anything too personal that they do not want to share, ask if any of them were surprised by the results. What surprised them the most?

DE-CODING: WHAT A YES OR NO ANSWER MEANS FOR EACH QUESTION

Question	Meaning of a "No" Answer	Action to Take If You Answered "No"	Meaning of a "Yes" Answer	Action to Take If You Answered "Yes"
1. Have you ever, even once, had sexual intercourse without a condom?	• Congratulations. • You have lower risk of HIV infection and/or acquisition.	• Go for an HIV test. • If you are HIV-negative, use every means to remain HIV-negative. • Continue to use condoms.	You have been exposed to risk of HIV acquisition and/or transmission.	• Go for an HIV test. • If you test positive, begin ART. • Encourage your partner(s) to go for an HIV test. • If you are HIV-negative, take action to remain that way by using condoms. • If you are HIV-positive, use a condom to prevent transmission to your partners. • If your partner(s) is HIV-positive or you don't know their status, use a condom to prevent becoming positive, or if already positive, to prevent acquiring a different type of HIV.
2. Have you ever had a sexually transmitted infection (STI)?	• You have lower risk of HIV infection and/or acquisition. • But to have zero risk, you must reply no to the rest of the questions.	• Keep safe, use a condom during every sexual encounter. • Be sure to get tested regularly. • Follow HIV risk reduction strategies. These will be introduced and discussed later, before we conclude this module.	• You are at high risk, as is your partner(s). • STIs makes you more vulnerable to being infected with HIV. • You can be infected with HIV at the same time that you are infected with an STI.	• Go for STI treatment, if you have not already done so. During STI screening, an HIV test is also offered and you should get tested. • Inform your partner(s) and ask her/him to go for STI screening as well. • Use a condom consistently.
3. Have you ever had anal sex?	• You have lower risk of HIV infection and/or acquisition. • But to have zero risk, you must reply no to the rest of the questions.	Always use a condom (and a lubricant if available).	• You have increased risk of HIV acquisition and/or transmission. • The anal area is very delicate. Tears easily can be caused, creating high chances for HIV acquisition and/or transmission, regardless of whether you are an insertive or receptive partner.	• Go for an HIV test. • Use a condom (and lubricant). • Encourage your partner(s) to go for an HIV test. • Next time, use a condom and lubricant together.

Question	Meaning of a "No" Answer	Action to Take If You Answered "No"	Meaning of a "Yes" Answer	Action to Take If You Answered "Yes"
4. Do you know your HIV status?	• You might be HIV-negative, but still worry/convince yourself that you are HIV-positive. • You might be HIV-positive with high viral load and not know it. Yet, treatment is available for free.	• Go for an HIV test. It is free. • Although learning your status can be scary, it is important to know so you are able to protect yourself and your partners and enrol in treatment if you are positive.	• People who know their HIV status are able to make healthy decisions. • They also are freed from worrying about the unknown.	• Follow the advice given to you by your health care provider. It is reliable advice. • If you tested negative, you should repeat the test every two months. • If you are positive, it is important to enrol in care, go to regular appointments, and use condoms to protect yourself and your partner (s).
5. Do you know the HIV status of all of your past and current sex partners?	• You are at high risk, as one of those partners might have been HIV-positive. • Men unaware of the HIV status of their sexual partners are at four times higher risk of HIV acquisition.	• Go for an HIV test. • Ask all your partners to test for HIV. • Use a condom all the time. • Reduce the number of your partners.	You are at lower risk if you have used that information to consistently use condoms.	• Use a condom all the time. • Go for an HIV test. • Encourage your partners to go for an HIV test.
6. Are you currently involved in a sexual relationship with more than one person?	• You are at lower risk. • But to eliminate all risk, you must be at low risk on the other questions, as well.	• Go for an HIV test. • Ask your partner to test for HIV. • Use a condom all the time.	• You are at elevated risk because you are in a "sexual network. • One of those partners might have HIV, putting you and your other partners at higher risk.	• Go for an HIV test. • Ask all of your partners to test for HIV. • Use a condom all the time. • Reduce the number of your partners. • If the partners are officially your wives according to custom, follow advice given in question 1 above.
7. Have you ever exchanged or sold sex for money, goods or favours?	• Your risk is low. • But if you are at risk, according to your answers to any of the questions, then you are still at risk.	• Use a condom. • Go for an HIV test. • Generally, if you are the one paying, transactional sex can weaken your judgment, such as the instinct to get the "best value for your money" might make you to overlook risk.	• Whether you give or receive, money or goods or favours that are offered in return for sex, you expose yourself to harm. • Your power to make a healthy choice is weakened because you feel entitled to what you think is the value for what you give or you feel in debt and have to pay back on the terms of the giver.	• Use a condom. • Go for an HIV test. • Generally, if you are the one paying, transactional sex can weaken your judgment, such as the instinct to get the "best value for your money" might make you to overlook risk.

Conclusion

After walking through the answer table and answering any questions the men may have, provide the following summary:

The leading cause of HIV infection in our society is sexual contact between two people without correct use of a condom, when one of the two is HIV positive, whether he or she knows his or her status or not.

- Some men who fear they are already HIV positive are in actual fact HIV negative. The only way to know for sure is to get an HIV test.
- Some men who have faith that they are HIV negative are in fact HIV positive. The only way to know for sure is to get an HIV test.
- A person who is HIV positive should reduce the risk of being re-infected with HIV or transmitting the virus to others. Using a condom during sex reduces this risk.
- The person that is HIV positive should feel a sense of responsibility not to expose a sexual partner to the risk of HIV infection. Using a condom during sex reduces this risk.
- If any person is HIV positive, he or she should regularly go to health facility for review/monitoring.
    - At the health facility, your care provider will determine whether you need to start treatment on ART. They do this by assessing your CD4 count and/or viral load.
    - The person who is HIV positive and already on ART has the responsibility to adhere to treatment by following the advice provided by the care provider. By adhering to treatment and taking it every day, an HIV-positive person can reduce their viral load and in doing so, reduce the chances of transmitting the virus to their partner(s).

In the next session, we will refresh our knowledge on the basic facts of HIV and discuss HIV risk reduction strategies you can implement in your life to lower your risk of getting infected and/or infecting your sexual partners.

BASIC FACTS ABOUT HIV

Aims:
After participating in this session, participants will:
- Become acquainted with the key facts about HIV.
- Become familiar with key terms in HIV and AIDS.

Directions:
Step 1: Go through and define the key terms listed below. Acknowledge the fact that many of the men may already know these terms, but you just want to refresh them quickly so that everyone in the room is on the same page.

Step 2: Ask for and allow questions at any point while reviewing key terms.

Step 3: Once everyone is comfortable with the terms, walk through how HIV is transmitted and acquired, linking back to the risk discussion you had previously.

KEY TERMS

HIV: This is the virus that infects the body and takes over cells in your body, breaking down your immune system that works to fight off other diseases.

AIDS: A result of having HIV in your body for a period of time, breaking down the immune system. It is a syndrome that usually results in a person contracting opportunistic infections and becoming very sick if they are not put on treatment.

Immune System: What keeps you healthy. It consists of different cells in your body that fight off infection, such as flu, and works to keep bacteria and viruses out of your body.

CD4: A type of cell in your body that is part of your immune system. It is the cell the HIV is attracted to and will enter in order to replicate itself and create more of the virus to enter more CD4 cells in the body.

Antibodies: Part of the body's immune system that work to keep a person healthy. The body makes them in reaction to a virus or bacteria to help fight them off. The HIV test looks for HIV antibodies, showing that the body is trying to fight off the virus.

HTC: The process used for a person to find out his or her HIV status. In most cases, a drop of blood is taken from a prick on the finger and tested to see if there are HIV antibodies in the blood.

Window Period: The time between when a person gets infected with HIV and when it will show up on a test. Right after a person gets infected, the body has not had a chance to react to the virus yet and make antibodies, so the test may come out negative, even though the person is HIV positive. This is why it is important to get retested again after three months.

ARVs: The medication HIV-positive people take to reduce the viral load in their body. These medications must be taken for the rest of a persons' life to help control the virus and keep a person healthy.

ART: The combination of ARVs that HIV-positive individuals take in order to slow down HIV in the body.

Viral Load: How much HIV you have in your body. A test is done to measure the amount of the virus in your blood. The higher a person's viral load is, the more likely they are to infect other people and become sick themselves.

Undetectable Viral Load: When someone is HIV positive, but the test can no longer measure how much virus is in the blood because it is so little. When someone has an undetectable viral load, it makes it more difficult for them to transmit the virus to others.

Opportunistic Infection: Other illnesses that are known to be associated with HIV because they take advantage of a person's weakened immune system. Some opportunistic infections include TB; Kaposi's Sarcoma, a type of cancer; bacterial pneumonia; and others.

WHAT IS HIV?

HIV stands for human immunodeficiency virus. This is a microscopic organism that, when it enters the body, destroys the natural protection to diseases.

How is HIV acquired or transmitted?

HIV can be passed from one person to another when the body fluids (blood, vaginal secretions, semen, breast milk) of an infected person come into contact with another person, through openings in the body or cuts and scrapes.

What are the modes of HIV transmission?

Evidence indicates that the leading cause of HIV transmission in Swaziland is unprotected sexual contact between two people, when one of the two is HIV positive.

Some sexual practices broaden one's exposure to HIV. Secrecy as a result of denial and shame and even punishment associated with sex and some sexual practices can create higher risk.

- Anal sex carries the highest risk, then vaginal sex, then oral sex, but all carry risk.
  - Vaginal sex is practiced between a man and woman.
  - Anal sex is practiced between same sex partners (man-to-man), as well as heterosexual partners (man-to-woman).
  - Oral sex is practiced between heterosexual partners (man and woman) and same-sex partners (man-to-man and woman-to-woman).
- Risk is highest if an HIV-positive partner has a high viral load, which is a measure of the amount of virus in a person's body.
- The amount of virus in the blood spikes immediately following infection and in the later stages of HIV as the body's immune system begins to weaken, making it the easiest time to transmit HIV.

HIV can also be passed on from a mother who is HIV positive to her baby. The following are the high-risk moments when HIV can be passed from mother to child:

- While the baby is still in the womb. Without intervention, the chances of mother-to-child HIV infection during pregnancy is one in 10 cases (5 percent to 10 percent).
- During labour and delivery. Without intervention, the chances of mother-to-child HIV infection during labour and delivery increase to two in every 10 cases (15 percent to 20 percent).
- During breastfeeding. About two in every 10 children born HIV free to HIV-positive mothers are infected with HIV (seroconvert) by the age 24 months.

What are some danger or warning signs of HIV infection?

- Many people infected with HIV do not show any sign at all for up to 10 years or more.
  - You cannot recognize a person that is infected with HIV by the way they look or ascertain that they are indeed infected by signs and symptoms.
  - An HIV test is the only way to ascertain one's HIV status. A person that is HIV negative and has reason to believe that he or she has been exposed to HIV, such as through unprotected sex with an HIV-positive partner or a person whose HIV status they do not know, should seek HTC.

What is the treatment for HIV?

- Once a person has been diagnosed with HIV, he or she should get their CD4 cell levels tested immediately at a health centre. Depending on the number of CD4 cells a person has, he or she may or may not be eligible to be enrolled in treatment immediately.
  - Even if a person is not eligible, he or she should continue to attend regular appointments at the health centre in order to monitor their health.
  - If someone is eligible for treatment, he or she will be enrolled in ART immediately, in order to lower the amount of virus in their body and increase their CD4 count.

- When on treatment, it is very important to take the medication every day.

AIDS

- A person whose immune system is weakened by HIV becomes susceptible to many diseases, including TB. Treating these diseases also becomes harder than it is in an HIV-negative person.
- If nothing is done to contain the reproduction of HIV in an infected person, the person develops a condition called AIDS. A person with AIDS suffers from multiple and concurrent conditions that are otherwise reversible. But because the immune system is too weak, it struggles to fight off illness.

Additional Notes

To achieve the King's Vision 2022 of an HIV-free generation, new HIV infections must be brought to a halt. This requires that men step up and play their part by getting tested and taking an active role in HIV prevention activities.

New HIV infections are more likely to occur among men aged 25 to 39, compared to men of younger and older ages.

Men that are unaware of their partner's HIV status face a higher risk of HIV acquisition.

HTC is the only sure way to know one's HIV status. It is not possible to ascertain a person's HIV status merely by the way they look.

Ignorance of one's HIV status before getting pregnant can put both the mother and the baby at risk.

- A woman that is already HIV positive can get pregnant and have healthy HIV-negative children if enrolled in care.
- About one in every five pregnant women learn their HIV-positive status for the first time when they are already pregnant and enrol in antenatal care (ANC).

An HIV-negative woman who is pregnant can also be infected with HIV if she has unprotected sex with an HIV-positive partner. This puts both the mother and the baby at risk.

About one in every 13 women (8 percent) who are pregnant and HIV negative acquire HIV (seroconvert) by the time they deliver or before their baby is one year old.

No matter your age, what kind of relationship you are in, if you are single, married or in a long-term relationship, everyone should know if they are HIV positive or not.

Fear of learning your status is understandable, but do not let it keep you from finding out how you can protect yourself and those you care about.

Take Home Messages

- ***Prevention is better than cure.*** HIV can be prevented. Use a condom correctly and consistently during sex.
- ***Enjoy responsibly.*** Sex is nature's gift to humanity for pleasure and reproduction. But, engaging in unprotected sex exposes you to the risk of not only HIV infection, but also to pregnancy and STIs. If you cannot wait, use a condom correctly and consistently
- ***Be fully aware of where the risk is.*** Some men choose to engage in anal and/or oral sex in order to preserve their virginity. But, both sexual behaviours expose you to the risk of HIV, as well as other infections. Insist on a condom, if that is your preferred choice. In the case of anal sex, also use lubricants.
- ***GBV.*** Denounce and do not commit sexual violence. Reporting violence you witness can lead to a safer community.
- ***Personal values.*** Build your personal identity on your personal values. When you do something because "everyone is doing it," you might follow the wrong thing. It is okay to be different.

HIV RISK REDUCTION STRATEGIES

Aim:
By the end of this session, participants will have acquired basic knowledge about HIV and skills to reduce the risk of HIV acquisition and/or transmission.

Materials:
- Flip chart
- Markers
- Wooden penis model
- Male condoms
- Female condoms

Directions:
Step 1: Introduce the topic on HIV risk reduction strategies.
- Following the discussion of the main ways HIV is transmitted, transition into the key HIV risk reduction strategies by explaining there are ways for men like us to take control of our health and reduce our risk of HIV acquisition and/or transmission.
- We should do everything within our control to prevent both acquisition, as well as transmission of HIV.

Step 2: In the plenary, ask volunteers to share their knowledge of, or experiences with, HIV risk reduction strategies. Ask them to list some risk reduction strategies they've heard of, writing them on a flip chart.

Step 3: Explain that in line with the key modes of HIV transmission, we will discuss the following key strategies for reducing the risk of HIV acquisition and/or transmission:
- HTC
- Condoms
- ART
- PMTCT
- Voluntary medical male circumcision (VMMC)
- Partner reduction
- Reducing GBV

HIV TESTING AND COUNSELLING

What is it?
- HTC is a voluntary and confidential counselling session and blood test that involves the screening of one's blood to determine one's HIV status. Blood is taken from a small prick on the person's finger and then placed on the test strip to determine the results.
- When HIV infects a person, it provokes the "soldiers" or antibodies in the body to fight the virus and provide us with protection from diseases. There is technology that can detect whether these "soldiers" have reacted to HIV in the body, and if this reaction is seen in the test result, a person is considered to be HIV positive. This technology is available in every public health facility and it is reliable. The test and screening process take only a short time before the results are known, and a health care professional will share the result with you and explain what it means.
- You also can go for couples counselling at the health facility where you and your partner are counselled and tested. This is a way for both you and your partner to learn your own status, as well as your partner's, so you can make a plan to stay healthy together.

How does HTC reduce HIV risk?

Part of HTC is counselling that allows you to assess your risk with a professional and talk through ways to reduce it. Ideally, counselling should take place both before and after taking an HIV test. The counselling provides you with basic knowledge about HIV and AIDS, and enables you to have sufficient information to make healthy choices. HTC also helps to reduce risk because, by knowing your status, you can take the appropriate steps to protect yourself and your partner. If you are positive, for example, you can monitor your HIV viral load and be sure to take ARVs, while using condoms to protect your partner(s). If you are negative, you can confidently take steps to remain that way by using a condom and learning your partner's status, as well.

Benefits of HTC

- An HIV test provides you with the "freedom of knowing" your HIV status. Not knowing one's HIV status can cause people to worry and have anxiety about their past, current and future sexual relationships.
- By knowing your HIV status, you can make plans to continue to lead a healthy life, whether positive or negative.
- HTC is a gateway to a diverse range of health information and services, such as condoms and other HIV prevention strategies. Depending on the result of your HIV test, a health care provider will discuss with you strategies for protecting yourself and possibly refer you to other services, such as ART, and if your partner is positive and considering pregnancy or is already pregnant, such as PMTCT.

Discordancy

- It is important to be aware that two people in a sexual relationship can have different HIV statuses from one another, for example, one can be HIV positive, while the other is HIV negative. This is called a discordant couple.
- It is possible for either a man or woman to be the HIV-positive partner. This holds true even in a polygamous union where one or two partners can be HIV positive, while the others can be HIV negative.
- Discordant couples can protect each other by using a condom correctly and consistently and, if the HIV-positive partner is on treatment, adhering to that treatment to reduce their viral load and, in the process, reduce the chances of transmitting HIV.

Disclosure

- The outcome of your HIV test is confidential. However, you can choose to disclose your HIV status to your family and friends. In turn, family and friends can provide you with psychological support and also support you in making healthy choices.
- Disclosure to your partner is particularly important. An open and honest relationship can strengthen trust between you and your partner, and provide an opportunity for support from your partner. Your partner may also find it easier to disclose their status to you because you trust them with yours. Men that are not aware of their partners' HIV status are at four times greater risk of HIV infection compared to those that do.

Role Play/Demonstration

Ask for two sets of volunteers (two per scenario) to prepare and perform role plays demonstrating:

- Pair 1: The HTC process. Begin the role play when the man is deciding whether or not to go for HTC.
- Pair 2: Successful disclosure of HIV status to a partner.

Discussion Questions Following Role Play by Pair 1

1. What triggered the man to go for HIV testing? Is that a common trigger for other men?
2. What forces or struggles did the man have in making the decision? Are these common hindrances/struggles for men?
3. What helped him in making the decision to finally go for HTC? Are these common enablers/facilitators for men?

4. Any other comments?

Discussion Questions Following Role Play by Pair 2

1. What motivated the man to disclose his HIV test results? Is this a common reason why men disclose their HIV status?
2. What forces or struggles did the man have in making the decision to disclose his HIV status? Are these common hindrances/struggles for men?
3. Was it easy to disclose? What made it easier for him to disclose?
4. What was the reaction from his partner? Is it a normal or expected type of reaction?
5. Any other comments?

Take Home Message

The only way to be certain about one's HIV status is to go for HTC. Partners can have discordant HIV results and this is okay, but it is important to know. Disclosing your HIV status to your partner can strengthen trust and partner support.

CONDOMS

What is it?

A condom is a thin latex or polyurethane form of contraceptive and/or protection from STIs during sex. There are two types of condoms:

- The **male condom** is in the form of a latex sheath that is worn over a man's penis. It is put on when the penis is erect and partners are ready to have sex.
- The **female condom** is inserted in the vagina. It can be put on hours before a couple intends to have sex.

In this session, we will discuss how condoms work and how to use condoms correctly.

How do condoms reduce HIV risk?

Condom protects either partner from direct contact with their partner's bodily fluids during and after sexual intercourse.

Benefits of Condoms

If used correctly and consistently, condoms prevent pregnancy, as well as most STIs, including HIV.

Demonstrations

Using a condom correctly: Explain steps for correct and consistent condom use. Ask for a volunteer to demonstrate on a wooden penis model. Include information on proper care of a condom and disposal of used condom.

How to Use a Male Condom

1. Check the expiration date on the outside packaging of the condom. If it is expired, discard and get another condom. Expired condoms are more likely to break.
2. Slide the condom to one side inside the package and carefully tear open the package. Do not use scissors, your teeth, finger nails or anything sharp that could tear the condom.
3. Slide the condom out of the package and check to ensure that it will roll down the right way. The seam of the circle should be on the outside.
4. Pinch the tip of the condom so there is no air. Air bubbles can cause a condom to break.
5. Place on the head of the penis (with the tip still pinched) and roll down the erect penis.
6. Once finished, carefully pull the condom off the penis while it is still erect, away from your partner.

7. Discard in a dustbin. Do not throw it in the toilet as it can cause damage.
8. Be sure to use a condom every time you have sex to protect yourself and your partner. If you are having multiple rounds of sex, use a new condom for each round.

Female Condoms

A female condom is designed based on the same concept as the male condom. The key differences are that it is made of non-latex (polyurethane) material and that it is in form of a pouch that is inserted in the vagina (while a male condom is a sheath that is worn over a penis and is made of thin latex). Like a male condom, a female condom also can be used for either vaginal or anal sex.

The female condom covers the vaginal walls to prevent direct contact with the penis, as well as the fluids from it and vice versa. It has two rings. The inner ring, at the closed end, is inserted into the vagina while the outer ring on the open end is left to hang just outside the vagina. The closed end collects the pre-cum fluids and semen after ejaculation.

Discuss why men should also learn about a female condom. Ask the question and solicit a few answers. In the process, identify key reasons for scepticism or outright disgust, and provide the following summary.

- Look at the benefit before allowing yourself to become a morality judge: a woman that asks to use a condom – male or female – is concerned about your health, too.
- A female condom is a good option for couples, especially men, that do not have the patience to wait when they are ready for sex.

How to Use a Female Condom

Remember: When using a female condom, the man should not have a condom on his penis, as doing so will create friction between the two condoms. The friction can make irritating noise and also cause the condoms to break.

1. Check the cover and ascertain that the expiry date has not passed.
2. Gently squeeze the packet to evenly distribute the fluid inside.
3. Check for the mark where to open and tear it open carefully, removing the condom from the packaging.
4. Find a comfortable position to insert it. You can put one foot on a chair, squat or lie down, whichever position works for you.
5. Squeeze together the sides of the inner ring of the condom at the closed end and insert it into the vagina (like a tampon). Push with a finger as far it can go (until it reaches the cervix).
6. Pull out your finger and let the outer ring hang just about 2-3 cm or 1 inch outside/above the vagina. (One inch is almost the same in length with a third part of the length of your index finger).
7. When a man's penis is erect, help him to insert by guiding it into the ring at the open end. Helping him will make it more fun while you ensure it does not slip between the condom and the vaginal wall.
8. Once the man has ejaculated, let him withdraw gently. Thereafter, squeeze and twist the outer ring to keep the fluids in and gently pull it out
9. Wrap it in tissue and dispose safely where no one can accidentally touch it. Do not flush it down the toilet, but you can throw it in a pit latrine.
10. Do not re-use the female condom. If you decide to have another round, use a fresh condom.

Facilitator's Note
Female condoms are not popularly used in Swaziland. At this point, you can consider facilitating a discussion on what the participants think about the female condom.

Role Play

Condom negotiation: Ask for three to four pairs of volunteers to role play successful condom negotiation, using one of the scenarios listed below. Each pair should agree on who will play the man and who will play

their partner. Let them swap roles, such as in each pair, the person that played the male should switch and play the female partner, and vice versa. After each pair has performed their role play, facilitate a discussion by asking the discussion questions below.

Scenarios for Role Play

1. A man and his wife or stable girlfriend with whom he lives.
2. A man and his "side-chick," the casual or "no-strings-attached" type that he does not live with and does not expect or give exclusive commitment to ("makwapeni").
3. A man and an acquaintance that he has met for the first time and got attracted to at a social event (and the likelihood of meeting again is rare).

Discussion Questions for Each Role Play

1. Did the role play reflect what happens in real life? Why or why not?
2. What did the pair do well? (checklist):
   - **When**: Did the man seize the correct moment to discuss condom use? Was timing for the discussion appropriate? Did he seem sufficiently prepared for this discussion (e.g., did he have a condom with him)?
   - **Why**: Did he explain why he wanted to use a condom? Did the man explain the benefits of using a condom?
   - **How**: Did he make it fun? Did he seem comfortable and confident?
   - **Where**: Where did the discussion take place? Was it in a private quiet place?
   - **Respect**: Overall, was he persuasive (without using force, threats or manipulation)?

Key Points

1. Condoms can prevent pregnancy, as well as STIs, including HIV.
2. Condoms are most effective when used correctly and consistently.
3. If a partner uses force or violence in order to have sex without a condom, against a person's will they should report the incident to police.
   - Police will provide them with a referral letter to a health facility where the following services are offered: counselling, health assessment and post-exposure prophylaxis (PEP).
   - If physical violence results in injury that requires immediate attention, the person also can go directly to a health facility that will facilitate referral to police.
   - It is a legal requirement to involve police if you go to the health centre. The main reason for their involvement in such cases is to gather and preserve evidence in the event that the matter goes for litigation. The police and health facility collaborate closely to protect the victim from further violence.

Take Home Message

- Condoms can prevent pregnancy, as well as STIs, including HIV.
- Condoms are most effective when used correctly and consistently.
- The health risks that come with not using a condom are higher than the cost of embarrassment or shame that may be associated with buying, talking about or using a condom.
- You should never use force or violence in order to have sex without a condom.

ANTIRETROVIRAL TREATMENT/THERAPY

What is ART?

ART is a combination of drugs given to people who have been diagnosed with HIV and whose test results and evaluation by a health care provider indicate they are ready to begin treatment. ART suppresses multiplication of the virus in a person's body.

How does ART reduce HIV risk?

- ART does not kill HIV, however, it significantly slows down the multiplication of HIV in the body, which boosts a person's ability to fight off disease.
- ART makes a person with HIV less likely to pass on HIV to other people by lowering the amount of the virus in a person's body. Having a low viral load reduces the chances of an HIV-positive person passing HIV to his partner(s). With correct and consistent use of a condom, the risk becomes even lower.
- The viral load of an HIV-positive person that is on ART can reach undetectable levels. This does not mean that they have been cured of HIV, but rather, the ART has limited HIV to a very low level beyond measure. If the person does not adhere to treatment, the viral load will increase again over time.

Benefits of ART

- ART strengthens the body's defence system, thereby reducing one's vulnerability to opportunistic infections such as pneumonia. ART does this by slowing down the multiplication of HIV and is highly effective.
- ART helps to suppress viral load. This makes it less likely for you to transmit HIV to your sexual partner. If your partner is HIV positive and on ART, the risk of her/him infecting you is also reduced. It is always advisable to use a condom, even if you, your partner or both of you are on ART.

Eligibility for ART

- To begin taking ART, you need to be HIV positive and meet other criteria that your health care provider will assess. The only way to determine your HIV status is to go for HTC.
- You must get your own prescription for ART from an authorised health care provider. Never share your ART with other people. Do not buy ART from unauthorised outlets.

Adherence to ART

For ART to be most effective, you must take it correctly and consistently. If you do not, it is possible you might develop resistance. Resistance is a condition whereby the virus is no longer affected by the ART or, in other words, the ART stops working. When this happens, you will need another prescription of drugs that are rare and more expensive. The availability of such drugs is lower.

Take Home Message

ART lowers the viral load in HIV-positive individuals. This improves the body's defence against diseases and also reduces the risk of transmitting HIV to a partner. Adherence is crucial for ART to be effective. Even when one is adhering to ART, using a condom further reduces the risk of transmission. To be eligible for ART, one must be HIV positive and meet other criteria to be explained by your health care provider. The only sure way to know your HIV status is to go for HTC.

PARTNER REDUCTION

What is partner reduction?

Partner reduction means decreasing one's number of sexual relationships, ideally, limiting it to one person at a time.

How does partner reduction reduce HIV risk?

When you or your partner has sexual relations with more than one person at the same time, you become part of a sexual network, resembling a cobweb. The size and complexity of the web depends on how many partners each person has and the connections between partners. If one person in the sexual network has HIV and condoms are not used correctly and consistently, HIV can be passed from one person to another very fast. Reducing the number of sexual partners also reduces the size of the sexual network, thereby reducing the risk of HIV.

Sexual Network Activity

This activity can be used to show how fast HIV can spread in a sexual network.

1. Cut strips of paper so there is one for each participant; write HIV positive on two or three of them, and write HIV negative on the rest
2. Fold all of the strips tightly and place them in a bowl or box. You also can just place them into your cupped hands held together. Then, ask all of the men to stand up and collect one piece. They should not open it.
3. After steps 1 and 2 are done, ask the men to place the piece (while still not opened) in their left hand, walk around and, with their right hand, shake hands with two other men. Tell them to be sure to remember who they shook hands with.
4. Have them all sit back down and then ask everyone to open their pieces of paper, and ask those whose pieces are written HIV to step forward.
5. Tell the group that these men represent someone who is HIV positive.
6. Ask everyone who shook hands with that person to now also stand up. They have all been exposed to HIV.
7. Point to one of the men now standing and tell him to sit back down, he is safe because he used protection, such as a condom, to prevent infection.
8. Have the men look around the room at all those who are standing. Have anybody who shook hands with any of the men standing to now also stand up as they have been exposed to HIV. Again, have one man sit back down because he used a condom to protect himself.
9. Continue like this until all men are standing except those protected by condom use.

Explain to the men that this is how a sexual network works. Just one exposure can be enough to become infected with HIV. By reducing your number of partners and using a condom, you can reduce your risk.

Benefits of Partner Reduction

- Reduced exposure to HIV
- Peace of mind
- More time and energy to strengthen your relationship with your one partner

Take Home Message

- Partner reduction is a choice that a man can make. It helps you to reduce the size of or exit a sexual network where risk of HIV infection is high.
- Men who do not feel they can reduce their number of partners, such as a polygamous union, should make sure that they and their partners go for an HIV test regularly, and remain faithful within the existing network. In addition, correct and consistent use of condoms will further reduce one's risk of HIV infection.

VOLUNTARY MEDICAL MALE CIRCUMCISION

What it is VMMC?

Male circumcision is a voluntary surgical procedure involving the removal of the foreskin from the penis. There is also another method whereby a device is used to remove the sheath from the penis. This method is equally simple and relatively painless. Depending on the resources available at the health facility, your health care worker will give you thorough information about the method to be used.

VMMC can be performed on infants, adolescent boys and adult men. The procedure is simple, relatively painless and heals quickly.

How does VMMC reduce HIV risk?

The foreskin of the penis contains a type of cell that is very attractive to HIV. By removing this skin, the chance of HIV entering the body is reduced by 60 percent. If a man is circumcised and also uses a condom correctly and consistently, this chance is lowered even further. To be safe from pain and infection, the newly circumcised man must wait six weeks for the wound to completely heal before having sex again.

Benefits of VMMC

- VMMC reduces chances of getting infected with HIV during sex by 60 percent. If a man is circumcised and also uses a condom correctly and consistently, this chance is lowered even further.
- VMMC is an entry point to important health information and services, such as HTC, ART and other health services. Before the procedure is performed, a man has the option of being tested for HIV. If a man tests positive, he can still have the surgery done if he chooses to and also will be referred for ART.

Strategic Opportunities for VMMC

- A man can decide to go for VMMC when his partner has a baby. This will enable him to recover while his partner is also recovering, thereby making abstinence from sex easier/more natural.
- If a couple has a baby boy, they can decide to circumcise their son while he is still young. This makes VMMC easier compared to the anxiety and stress that adult men can go through.

Take Home Message

VMMC is a simple and relatively painless procedure. Circumcised men must also use condoms correctly and consistently in order to reduce the risk of HIV infection.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

What is PMTCT?

PMTCT is an intervention that involves HIV testing for all women who are pregnant and breastfeeding. HIV-positive pregnant women are enrolled on ART right away. This service can be accessed from antenatal clinics, through a referral from HTC or other points of service at a health facility.

How does PMTCT reduce HIV risk?

- HIV can be passed from an HIV-positive mother to the baby while still in the womb, during labour and delivery or during breastfeeding.
- A woman that is HIV negative, but gets infected with HIV while pregnant or during the breastfeeding period, can also pass the HIV to her baby.
- ART reduces the chances of HIV-positive pregnant and breastfeeding women passing the HIV virus to their babies.
- Among children born to HIV-positive women enrolled in PMTCT, 98 out of 100 do not get the virus from their mother.
- This risk for both mother and child is reduced even more if the HIV-positive woman starts ART early (within six weeks of becoming pregnant), and continues on ART after delivery and through breastfeeding, such as like any other HIV-positive person that is on ART.

Benefits of PMTCT

- PMTCT protects the health of both the mother and child. Both the mother and child are monitored through periodic HIV tests until the child is 24 months old and/or stops breastfeeding.
- Children born HIV positive or otherwise infected during breastfeeding are enrolled on ART, thereby increasing their chances of survival.
- PMTCT enables all couples to enjoy their reproductive health rights by providing access to customised health care for the mother and child, appropriate family planning methods after the child is born, and

counselling for prevention of STIs, including HIV transmission.
- PMTCT is an entry point for health information and services to the entire family.
- Men who attend PMTCT visits at the clinic can learn about how to keep their partners and babies healthy to ensure their child is born HIV negative.

Take Home Message
Through PMTCT, the HIV risks to the mother and child are reduced. The partner/spouse also has access to core health care services. Thus, PMTCT is beneficial for the whole family. PMTCT holds the key to an HIV-free generation.

REDUCTION OF GENDER-BASED VIOLENCE

What is GBV?
GBV is violence involving men and women, where the woman is usually the victim; and usually stems from gender norms and roles and unequal power relations between women and men.

Violence is specifically targeted against a person because of his or her gender, and it affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion and/or deprivation of liberty within the family or within the general community).

Included in this is rape or unwanted sexual contact. A person should never be pressured to have sex and its important to always recognize when your advances may be wanted.

How does reducing GBV reduce HIV risk?
Unequal power in relationships can result in forced situations where people may not feel in control or comfortable in a situation. These types of scenarios can lead to an increased risk for HIV as people may not feel they are able to speak up and protect themselves or say no to unwanted sexual intercourse.

Gender Norms Activity
Explain to the group that justifications for violence are frequently based on gender norms:
- Gender norms are the socially assigned roles and responsibilities of women and men.
- Cultural and social norms often socialise men to be aggressive, powerful, unemotional and controlling. This contributes to a social expectation (by both men and women) that accepts men as dominant.
- Similarly, expectations of women are that they be passive, nurturing, submissive and emotional. This reinforces women's roles as weak, powerless and dependent on men.
- The socialisation of both men and women has resulted in an unequal balance of power and unequal power relationships between women and men.
- In many societies, children learn that men are dominant and that violence is an acceptable means of asserting power and resolving conflict. It is not.
- Women as mothers and mothers-in-law unwittingly perpetuate violence by socialising boys and girls to accept the dominance of men and by being tolerant or giving in throughout life to men's demands.

It's important to recognize the gender roles in your community and how they may perpetuate GBV.
- Ask participants to give a few examples of gender norms in their culture.
- Lead a discussion around what are some of the more common gender norms, such as women doing the cooking and cleaning.
- Ask the men how they feel about these norms. Ask them how they think the women may feel in their role.
- Ask them if they see GBV as a problem in their community.

- What are some ways you think you can begin to change gender norms that may help reduce GBV?
  - Make a list of these so that everyone can see and reflect on them.

Benefits of Reducing GBV

Reducing GBV can lead to a more positive and productive society. By recognising that not all social norms may benefit the community and that by harming others you are perpetuating the cycle. Reducing GBV can also lead to a reduced risk for HIV for you, your partner and the community.

Take Home Message

Violence against others is never acceptable. Men should take a stand and when they see or hear about violence in their community, speak up and let others know that it is not okay. It takes work to change gender roles and norms in a society, but it is important to recognise that some should be changed for the better of everyone.

Conclusion

We've discussed seven different risk reduction strategies here for those who are both HIV positive and HIV negative to reduce the risk of transmission. We hope that at least a few of these strategies will be of use and you will adapt into your lifestyle to help protect you and those you care about.

SERVICE MAPPING

Aim:
To ensure all men are aware of all the different service points available to them in the area and what is available at each.

Materials:
- Flip chart paper
- Markers

Directions:
Step 1: Divide participants into groups of six to seven people, hand out flipchart paper and markers, then ask them to draw a map of their community. The following is a recommended process:

1. Mark a central point that all of them relate to, which can be a combination of the following: road, river, school and inkhundla centre.
2. Identify where each one of the members of the group lives, relative to the central point(s), have them draw their houses on the map, as well as the roads and paths that connect the places.
3. Have them fill in any other locations that they feel are important to have on the map of their village.
4. Mark all points where they access various health services, including where they can access condoms, such as small shops.

Step 2: Each group then hangs up their map on the wall, next to one another.

Step 3: Have all of the participants work together to combine the different elements from groups maps and develop one joint map.

Step 4: Engage participants in discussion and ask if the places marked on the map offer any or all of the services that are core to HIV risk reduction. Mark the map to show which services are provided where. In addition, engage participants further on where else they feel able to go to access such services. Mark/add these on the map.

Step 5: Make sure that all participants have a chance to participate and be heard. Ask to confirm that all participants agree with what is being put on the larger map.

Step 6: Conclude the session by letting participants know that this map will be used again in Module 2 and be sure to hang on to it and bring it back for the next session.

Facilitator's Note:
Participants may raise specific concerns about the quality of services offered at the service points that are mapped. If this happens:

- Do not be defensive. Allow the men to express their concerns. Ask them to be specific about the issues, without being personal. Note the issues in your field note book, and devise a strategy for verifying the concerns and helping the community and service providers to find solutions. Remember that:
  - You cannot speak on behalf of the service providers.
  - The service providers may not be aware of these concerns.
  - The service providers also have their own perspective. In fact, they might also have concerns about the community.
- Do not rush into what appear to be solutions to their concerns. Engage participants on how they will overcome their concerns. Your role is not to fix things but to help them find solutions to their concerns. Remember they are part of and central to the solution.
- Ask them if it is okay if you share these concerns with the facilities they are naming. Make sure they know that individuals will not be named in giving them the information. Explain that in order for services to improve, they need to know what needs to be worked on and get better.
- If they do not want the information being taken back to the facilities respect that choice. The sessions need to be a safe space where men feel they are respected and listened to.

WRAP UP OF MODULE 1

In this module, we learnt about what risk is. We also conducted individual HIV risk assessments and discussed the key HIV risk reduction strategies for men. We concluded with service mapping. We now are fully aware of where to access the relevant services. Utilise these services, they are intended for us. Utilising them is what will draw the nation closer to an HIV-free generation by 2022.

As we call it a day, each individual is also encouraged to keep their risk assessment safe. It is confidential to you. Continue to reflect on it.

Agree on the date and time for Module 2 and encourage them to return.

Session Evaluation/Feedback
Before dismissing the participants, the facilitator or any other person that led this session should take the following actions focussing on both participants and him/herself as follows:

WITH PARTICIPANTS: conduct an evaluation process, to solicit feedback from participants on which information they found:

- Most useful
- Least useful
- That they desire to have, but feel it was missing.

The facilitator shall use buzz groups or fully fledged group sessions where all groups shall respond to all questions, and, as they present in plenary, he/she shall take notes. These notes shall form part of the activity report.

Forms for this evaluation can be found in Appendix VI.

THE FACILITATOR ON HIS/HER OWN: Complete a feedback form, summarising:

- Which topics/sessions he/she enjoyed facilitating and why
- Which topics he/she found difficult to facilitate on and why
- What specific topics he/she feels that he/she has adequate information on
- What specific topics or sessions she/he feels are redundant and need to be removed
- What specific new topics or sessions or information she/he feels need to be added and why
- What specific skills he/she feels that he/she lacks or needs strengthening and why

The feedback form can be found in Appendix VII.

MODULE 2:
BARRIERS AND FACILITATORS OF HIV RISK REDUCTION STRATEGIES

MODULE OVERVIEW

Aims:
After participating in this module, participants will be able to:
- Devise strategies to effectively reduce their risk of HIV acquisition and/or transmission
- Identify solutions to factors that hinder their ability to effectively reduce their risk of HIV acquisition and/or transmission
- Develop a sense of both individual and collective responsibility to reduce their risk of HIV acquisition and/or transmission

Activities:
1. Discussion of Risk Reduction Strategies
2. Gender's Role in HIV
3. Overcoming Stigma
4. Service Mapping

Materials:
- Newsprint/flipchart paper and markers

Module Introduction:
In Module 1, we learnt about the meaning of risk and reviewed the basic terms and facts around HIV. You were able to conduct individual HIV risk assessments to see where your level of risk sits and discussed the key HIV risk reduction strategies that you can use in your life to reduce your risk. I hope that you saved your risk assessment so you were able to reflect further on it, as well as maybe use it again in the future after you've made some changes to see where your risk falls at a future date. Module 1 concluded with service mapping and a discussion on where to access HIV prevention and care services in your community.

In Module 2, we will have a deeper discussion on each of the HIV risk reduction strategies, assessing how you can best make positive changes to your life. In particular, we will explore what helps or hinders uptake of the relevant services to prevent HIV acquisition and/or transmission.

DISCUSSION OF RISK REDUCTION STRATEGIES

Aim:
To allow men to dive deeper into risk reduction strategies and explore what may assist them in taking up a risk reduction behaviour or make it more difficult.

Materials:
Copies of risk reduction strategy discussion questions for each group. (Appendix VIII)

Directions:
Step 1: Divide participants into seven groups of three to four members each. Assign one HIV risk reduction strategy to each group.

Risk Reduction Strategies:
- Go for HIV testing
- Use a condom correctly and consistently
- Adhere to treatment
- Reduce your number of partners
- Go for VMMC
- Be involved in PMTCT
- Reduction of GBV

Step 2: Give the groups 60 minutes to discuss the facilitators and barriers associated with their risk reduction strategy, as well as actions they recommend to take advantage of the facilitators and overcome the barriers.
- Below is a list of questions for each group to consider. Appendix VIII has questions divided up by reduction strategy that can be handed out to each group.
- Encourage the groups to explore and agree on a creative and entertaining way of presenting their discussion back to plenary, such as role play or pictures.

Questions for group discussion
1. Discuss the factors that make it easier for men to participate in the risk reduction strategy. What can be done to promote these factors?
2. Discuss the factors that make it difficult for men to participate in the risk reduction strategy? What can be done to address these difficulties?
3. Specify one or two things that you think make it easier for men to participate in the risk reduction strategy. Be sure to consider:
   - Internal forces, such as how men may feel, think or act.
   - External forces, such as service providers, family, friends or culture.
4. Specify one or two things that you think make it extremely difficult for men to participate in the risk reduction strategy. Be sure to consider:
   - Internal forces, such as fear, shame, guilt or pride.
   - External forces, such as access and quality of services (cost, distance, confidentiality).
5. If there was one thing (or two) that would help men to engage in the risk reduction strategy, what would you recommend?

Step 3: Instruct the groups that after discussing their risk reduction strategy, groups should prepare to present back to plenary at the end. Groups should:

- Choose two members that will present: one for helping factors, another for hindering factors.
- Develop a short skit to demonstrate the factors that help, as well as those that hinder, engaging in the risk reduction.

Step 4: Bring everyone back together in the large group.

- Ask groups to perform their skits and then have the two members present their discussions in plenary. After a group presents, acknowledge them and ask the other participants to give feedback to the group or add any thoughts.
    - As a facilitator, ask the group specific questions (skip the questions that other participants may have already asked). Be sure to summarise the key facts about the risk reduction strategy (listed in the boxes on the following pages) and once feedback has been provided, conclude with any key messages that were left out or that you want to emphasise more.

Suggested Questions for Plenary

1. When we reflect on it, do we as men feel that we are at risk of being infected with HIV? Please explain your answer.
2. Which of the risk reduction strategies do you feel confident to use? Please explain your answer.
3. Which risk reduction strategies do you feel less confident to use? Please explain your answer.
4. How do you think you can become more confident in using these strategies?

Facilitator's Note:
The sections below have a group work guide and prototypes of the key facilitators and barriers for each HIV risk reduction strategy that the facilitator can use during plenary.

Step 5:

- After all of the groups have presented, encourage the participants to identify "small, but doable" actions that they will take to reduce the risk of acquiring or transmitting HIV to their partners. For this purpose, ask each participant to take time to reflect and write the top three actions that they will take. Let them know that these are just for themselves, unless they choose to share.
- Inform the participants that the next module will pick up from there. Encourage them to come back, as this is also the graduation day.

HIV TESTING AND COUNSELLING SUGGESTED SUMMARIES

It is important to get tested and know your status. By knowing your status, you can better plan for the future, whether negative or positive, and take steps to live a healthy productive life.

Helping Factors	Key Message
Peer Support: Speaking to a friend that has already tested for HIV can increase confidence. You also can attend the clinic or test site with a friend to both get tested and support each other with the process.	We can learn a lot from others that have already gone for HTC and gain support from friends who also want to test.
Couple Communication: Discussion with one's partner helps overcome fears. Going to couples counselling and testing also is an option and can provide a lot of support for the process.	Couples communication deepens mutual trust, respect and support. Couples counselling and testing is available at most health facilities.
Attitude: A positive attitude and "fighting spirit."	A man trips and falls, but rises up again. Do not allow regret, grudges or anger to blind you. You are in charge of your life.
Responsibility: A deep sense of responsibility for one's health and one's family's health can give a person courage.	The choices we make are important for our health. We can make those choices as individuals because we are responsible for our health. It is important to take care of yourself so that you can provide for those around you, as well as yourself.
Hindering Factors	**Key Message**
Social Norms about Masculinity: Seeking health care services can be viewed as a sign of weakness, so many men choose to suffer in silence. Many men do not feel comfortable attending a health facility as it is often seen as a place for women.	It is not heroic to suffer in silence when solutions are available. Taking care of your health and preventing illness keeps you strong. Be an example for your community and attend the health facility as it is there to serve everyone.
Fear: Some men are afraid of finding out their HIV status. They would rather be ignorant. They also lack confidence and skills on disclosure.	Talk to a friend or the counsellor about your fears related to getting an HIV test. Reflect on how it feels to live in fear. Disclosure builds a trusting relationship. It also enables family and friends to support you to make and stick to healthy choices.
GBV: Fear of violence and abuse makes it difficult to disclose one's HIV status, especially if the result is HIV-positive. This also affects the decision of whether to go for HTC at all.	Surround yourself with people who are supportive. Be the first to denounce violence. Report GBV to police or nearest service organisation, such as the Swaziland Action Association Against Abuse (SWAGAA). If any of these are far, report to community police or any relevant community structure.
Discordancy: Some men tend to rely on the HIV test results of their spouses.	Sexual partners can have different HIV test results. It is important for both members of a relationship to test in order to take steps to stay healthy.

CONDOMS SUGGESTED SUMMARIES

You should always use a condom to protect yourself and your partner. It is even more important if you do not know your partner's HIV status or are in a multiple and concurrent sexual relationships.

Helping Factors	Key Message
Knowledge: Comprehensive knowledge and awareness of HIV risk.	If you fully understand HIV and the risk involved in sex without a condom, you are more likely to make the right choices and understand how a condom can protect you.
Responsibility: A deep sense of responsibility for one's health can motivate a person to use a condom.	To protect yourself, you also need to protect your partner.
Preparedness: Having condoms within reach or easily accessible increases the likelihood that you will use them.	Have condoms available for when you need them. Keep them in convenient locations so you are more likely to use them when the moment comes. Carry a condom with you. Keep some at home and other places where you may have sex.
Attitude and beliefs: Sex can still be pleasurable with a condom. Condom use shows you care about your and your partner's health.	Acceptance of condom as a tool for risk reduction reduces the shame, guilt and judgemental feelings about using it. Have a conversation with your partner before having sex and explain why you want to use a condom, to protect both you and your partner because you care about him or her.
Determination: Deciding what you will do ahead of time before emotions get involved.	Having a clear stand makes it easier to reject risky behaviour and stay true to using condoms consistently.
Hindering Factors	**Key Message**
Capacity: Some men lack skills and confidence to negotiate with partner.	Prepare to negotiate condom use before sex starts. Practicing negotiation skills with friends can prepare you.
Acceptability: Some men have negative attitudes towards condoms and people that use them.	A condom in itself does not make a man or woman promiscuous. Promiscuity is a behaviour. It takes a brave and responsible man to use condom to reduce the risk of acquiring or transmitting HIV.
Access: Sometimes condoms are not available in the community. When they are available, the cost is prohibitive or the dispenser/distributor is inappropriate.	Condoms are available at every health facility. We can talk to the health facility to make condoms easily available. For example, a man could be a community distribution agent if that is something people are interested in.
Beliefs: Putting pleasure ahead of health and safety.	Let your partner(s) know that you care about your health as well as theirs. To protect yourself, you must protect others.
Alcohol and/or Drug Abuse: Substance use can impair a man's ability to make healthy choices.	When going out to a social event, carry a condom on you in case that moment comes and don't let your desire or the effect of the alcohol keep you from using it.
GBV: Some men may use force/coercion to make their partners submit to them.	Respect every person's right to say no to sex. Never threaten or physically force someone to have sex. Be the first to denounce violence. Report GBV to police or the nearest service organisation, such as SWAGAA.

ANTIRETROVIRAL TREATMENT/THERAPY SUGGESTED SUMMARIES

If you are HIV positive, it is important to enrol in care and maintain regular appointments with a health care provider. Once you qualify for ART, you should begin taking medication immediately and continue as directed by your health care provider. Taking your ARVs will lower your viral load, allowing you to stay healthy and lower the chances or transmitting HIV to your partner.

Helping Factors	Key Message
Knowledge: Awareness of one's HIV status, and CD4 count if positive.	Knowledge of one's HIV status is the gateway to health services and support for HIV-positive individuals that are in need of treatment.
Disclosure: Informing partner(s), close family and friends about one's HIV status.	Informing partner(s), close family and friends about one's HIV status helps to unlock their support. Community health workers are a huge resource as well and can link people who are HIV positive to other services.
Example/Role Model: Knowing someone that is HIV positive and also on treatment.	We draw strength when we know someone that has a similar condition as ourselves. We are even stronger if we share our experiences together.
Confidante/Counselling: Talking to someone about the challenges we face. Community health workers are a huge resource.	When we face challenges and talk to someone about them, we become stronger as our hope is renewed. If we keep to ourselves, the burden can become unbearable and we may give up.
Hindering Factors	**Key Message**
Fear of Positive HIV Test Result: Some men are HIV positive, but do not know their HIV status. Thus, they cannot be enrolled into the ART program.	Knowing one's status is the first step to leading a healthy life. Learning your status is a useful trigger for you to take appropriate steps. Ignorance of your HIV status does not change your HIV status if you are already HIV positive.
Acceptability: Some men find ARVs unacceptable because they are taken every day, for life.	Combined ARVs have made it easier because only one tablet a day must be taken. Although it is a long time to have to take medication, by taking it is will allow you to live a long and healthy life. Without medication this becomes more difficult.
Adherence: For various reasons, some men fail to take ART according to advice given by their health care provider. Forgetting is a common reason (especially on weekends). The need to do it every day can be a burden. Men that have not disclosed their HIV status find it even harder to adhere.	The client has responsibility to try to make taking ART part of a daily routine, such as at home in the morning, so it will become automatic and be less likely to forget. If disclosed to family and friends, they can help with reminders. Join a support group. Seek support if facing challenges.
Traditional Medicine: Some men seek modern medicine as a last resort. By the time they finally do so, they may be very sick or have caused serious damage to their health.	Traditional medicine and modern medicine can co-exist. However, entirely substituting modern medicine with traditional medicine can increase the risk of a health condition becoming worse. The only proven and effective treatment for HIV is ART.
Stigma: Some men feel guilty and ashamed that they are HIV positive and are taking ART.	As an individual, learn to forgive yourself. Value yourself and believe that your HIV status does not define your worth as a human being.

PARTNER REDUCTION SUGGESTED SUMMARIES

Having multiple partners puts you in a sexual network that increases your risk for HIV. By reducing your number of sexual partners you can not only reduce your risk but also strengthen your relationships.

Helping Factors	Key Message
Couple Communication: By talking with your partner and being open about your relationship, you can come up with ways to be safe together.	It is easier for partners to find ways to satisfy their partners when they are open to each other. This can create a more rewarding relationship not to mention a better sex life.
Friends: Surround yourself with friends who are in monogamous relationships.	Hang out with the right friends who can have a positive influence on you and who also choose to have only one partner.
Children: Thinking about your children and setting a good example for them.	Set a good example for your children and have more time and energy to invest in their development.
Hobbies: Some men may have multiple partners because they are "bored." By finding hobbies outside of relationships or with your main partner, it may help reduce partners.	Sex should never be the answer to boredom. It is an emotional commitment that, along with great pleasure, comes risks and consequences. Before beginning a sexual relationship with anyone, be sure that you are ready for what it may result in, such as pregnancy or HIV.
Hindering Factors	**Key Message**
Long-Term Commitments: Some men are already in a polygamous marriage union. This is both legal and culturally acceptable.	If in a polygamous union, keep faithful to each other within this circle. In addition, the man and all his wives should test for HIV. If one is HIV positive, seek treatment early, disclose to your partners and always use condoms.
Previous Sexual Partners: Past sexual partners resurface for different reasons, such as children.	Leave past relationships in the past. If you are unable to do this, use condoms correctly and consistently. Or if you realize that is the person you want to be with, end other relationships.
Social Norms: Men liken themselves to "hunters." This norm leads even those men that are in a stable relationship to seek the thrill of casual sex.	Women are not merely sex objects. Take a moment to consider what if the women are also out for the same reasons. Use condoms correctly and consistently and get tested for HIV regularly. Remember, to protect yourself, you have to protect others, as well.
Dissatisfaction: Some men do not feel fulfilled with their regular or stable sexual partners.	Couple communication can address this by being open to each other so that, together, you can explore how to fulfil one another. Just imagine for a moment that your partner also went out to seek fulfilment elsewhere.

VOLUNTARY MEDICAL MALE CIRCUMCISION SUGGESTED SUMMARIES

VMMC has been shown through multiple studies to have an effect at reducing a man's chance for getting HIV. It is very important to be sure to follow the medical advice following circumcision and abstain for six weeks for it to heal.

Helping Factors	Key Message
Information/Knowledge: Having correct and up to date information is important.	Understanding the benefits of VMMC facilitates decision making for healthy choices. Health care workers are credible sources of information on HIV prevention and VMMC. VMMC provides a 60 percent protective effect from getting HIV for men. It improves hygiene and lowers the risk of penile cancer and urinary tract infections.
Positive Deviance: Feeling responsible and showing courage by deviating from the norm, if that is the best option to protect your health.	When it comes to health and safety, it is beneficial to choose to be different from the social norm if the norm is detrimental to health. Men who understand the benefits of VMMC should go for VMMC.
Age: Men of all ages can be circumcised.	Supporting young men to go for VMMC will lead to a generation of men less vulnerable to HIV infection; even infants can be circumcised. Adult men who fear being inconvenienced can use the time following a child's birth when their partner is healing for VMMC. Couples also can explore other ways to pleasure one another while a man is healing from circumcision.
Hindering Factors	**Key Message**
Acceptability: Male circumcision is sometimes considered to be contrary to Swazi culture and, therefore, unacceptable.	VMMC is a public health intervention. A healthy nation will be better placed to preserve and promote the Swazi culture. Our forefathers adapted cultural practices and traditions to respond to changes in their context. Ability to adapt is what makes the human race able to survive.
Fear of Pain and Sore Penis: Some men fear pain during the surgical procedure and nursing a sore penis after.	The surgical procedure is simple and relatively painless. If you follow the advice given by your health care provider, it should heal completely within six weeks. If you experience any problems related to VMMC, see your health care provider immediately.
Six Weeks is too Long to Wait for Sex: Some men think that they cannot survive without sex for six weeks.	Self-control and patience are virtues. Good things are worth waiting for. There are many good things that we wait for, for more than six weeks. Also, consider timing, such as where applicable, go for VMMC when your partner has just had a baby. It is a short time to wait given its lifelong protective effect.
Condom Use: Still required after VMMC so some men may wonder why they should bother.	Condoms are still needed to provide additional protection from getting HIV, but the procedure provides many other benefits, such as improved hygiene and reduction in certain types of cancer making it more than worth doing.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SUGGESTED SUMMARIES

It is important for men to become involved in the PMTCT process as a child has both a mother and father and this should start from the beginning. By supporting your partner and attending the clinic with her, you are also supporting your unborn child and ensuring it is born healthy.

Helping Factors	Key Message
Fulfilment: For many men, there is the desire to have a family. This desire is a driving force for their involvement in PMTCT.	A couple who is HIV positive or discordant can still have an HIV-free baby if they plan their pregnancy, enrol in PMTCT early and adhere to the guidance provided by their health care provider, including taking ART and using condoms.
Knowledge: Having comprehensive knowledge about HIV helps individuals understand the importance of PMTCT.	Learning starts with interest. Men can learn a lot by showing interest in the information and services that their partners get from antenatal care. Doing so will help them acquire critical knowledge that will help them to accept, support and participate in PMTCT.
Positive Deviance: Feeling responsible and showing courage by deviating from the norm, if that is the best option to protect his own and his partner's health.	It is okay to be different, especially if doing so is beneficial to your health and that of your partner/spouse and your baby. It takes brave men to be different when the situation demands it.
Hindering Factors	**Key Message**
Social Norms: Health care services and social practices around care for pregnancy and young children systematically exclude men from key processes.	It is okay to be different, especially if doing so is beneficial to you, your partner and your baby's health. It takes brave men to be leaders and demonstrate how real men take care of and support their families. Remember that the majority can sometimes be wrong, too. Just because it is not common does not mean you should not do it.
Men's Attitude towards ANC Services: Most men believe that antenatal services are a woman's business.	Men can also access critical information and services through ANC services, including how to better support your partner through her pregnancy, delivery and breastfeeding not to mention referrals for other services. In addition, an HIV-positive or discordant couple can access ART through the PMTCT program.

REDUCING GENDER-BASED VIOLENCE SUGGESTED SUMMARIES

GBV is a serious problem that can affect the lives of anyone. It is important to recognise and make an effort to reduce GBV. Violence is never an acceptable action.

Helping Factors	Key Message
Communication: Having open and honest communication with your partner can lead to a stronger, healthier relationship.	Be open with your partner and talk about any concerns you have. It is important to talk to each other and let the other person know how you are feeling without resorting to hitting or violence. Conversations should be respectful and not include insults. By having open and respectful conversations, it can help to reduce your risk for HIV and improve satisfaction in your relationship.
Knowledge: Having knowledge and understanding can reduce violence.	By educating yourself on gender norms and roles and how they may impact women and those around you it can help to reduce violence. Think about how you may feel if you were a woman in certain scenarios and how you should react.
Responsibility: Feel responsible for the actions you take and how they impact others.	By feeling responsible and taking responsibility for your actions, you can help to reduce GBV. Stand up in your community and take action when you see it happening and be a role model to support women.
Children: By wanting to set a good example for your children, it should help you to refrain from violence.	By focusing on your children and how you want them to behave and be raised, you can take a stand against GBV.
Hindering Factors	**Key Message**
Violence and Abuse: Some men use force or coercion to make their partners submit to sex without condoms. Fear of violence and abuse also make it difficult to disclose one's HIV status, especially if results are HIV positive. This also affects adherence to treatment.	Respect every person's right to say no to sex, including a spouse or other partner(s). Never threaten or physically force someone to have sex. Your partner needs to have a sense of safety for a trusting relationship to develop. Be the first to denounce violence.
Social Norms: Gender roles and responsibilities are often ingrained into a culture.	Many believe that women are meant to do certain tasks and men are meant to do others. It is important to realise that this may not always be the case. Be open to change, and really consider what is best for your and your partner's happiness.
Acceptability: In many places it is acceptable to beat women, especially if one of your wives.	At no time and in no place is it acceptable to hurt another human being.

POWER AND GENDER

Aim:
For participants to gain a better understanding of how gender norms and roles play a role in men's power over women.

Materials:
Copies of the Power and Gender worksheet found in Appendix IX

Directions:
Step 1: Explain to participants: "We will start by playing a game in pairs called 'Stone, Paper, Scissors.' The game will help us reflect on our own choices about how we use the power we have as men."

Step 2: Ask participants to turn to their neighbour.
Explain the game: The purpose of the game is to have power over your neighbour.

- You play the game by making a stone, paper or scissors with your hand.
- Show the positions with your hand while explaining them:
  - In a fist, like a STONE.
  - In a horizontal position, like a PAPER.
  - With two fingers forward, like SCISSORS.
- Each of these positions has power over one other one. The stone can break the scissors, the paper can hide the stone, and the scissors can cut the paper.
- When I call '1, 2, 3, play' you have to choose one of these three positions immediately. Make sure both of you show a position with your hand when you hear the word 'play.'
- The positions you each choose will determine who has power over the other and wins. If you both choose the same position, you have equal power and no one wins.
- The idea is to win as many games as possible.

Step 3: Ensure there are no questions and instruct participants to begin. Play this game for about three minutes.

Step 4: Discuss:

- In this game, did one person always have power over the other person? (No, it depended on the positions you each chose. Both partners had an equal chance.)
- Individuals are born female or male. Does this influence our feeling or use of power? (Yes, women are usually less able to use their power than men.)
- Do you think being born female means you are likely to feel a lack of power? (While all people – female and male will experience a lack of power in their lives, most women share common experiences of a lack of power because in most communities men as a group have more power than women as a group.)
- Does this mean we have no choice or control over how much power we have? That our power is determined by circumstance and chance? (Our sex influences but does not completely determine our experience or use of power. We all have power and can foster that within ourselves.) While in the game, your win or loss was largely due to chance, in real life we have power to change things.

Step 5: Explain: Everyone has power that can be used positively and negatively. But we are often not aware of how we use our power. This next exercise will help us think about how we use our power as individuals. Hand out the Power and Gender Worksheet – Appendix IX.

Step 6: Explain: I will read aloud each statement and then pause, allowing you time to reflect on the statement. Please tick either 'always' 'sometimes' or 'never' for each statement. This is a personal exercise for self-reflection that will not be collected or shared with others, so please answer honestly. Ensure there are no questions and begin.

Step 7: Debrief the exercise:

- What was it like for you to complete this worksheet?
- What did you find difficult?
- What do your answers tell you about yourself?
- Many of us might not want to show this to others. What does this tell us about how we use our power?
- When we use our power over someone else do we usually feel good about this?
- Is treating all people equally and with respect easy all the time? Why or why not?

Step 8: Summarise the session:

- Everyone has power. We can use it positively or negatively.
- Sex, whether female or male, often influences how much power we feel in our relationships, families and community.
- By having more power over women, how might this affect your risk for HIV? Women's risk?
- What are some actions you can take in your community or in your relationship to begin to balance the power more with women?

OVERCOMING STIGMA

Aim:
To identify some of the root causes of stigma, different forms of stigma and how stigma affects people.

Materials:
- Flip chart
- Markers

Directions:
Step 1: Prior to the session beginning, draw a tree on a flip chart that includes the roots, trunk, branches and leaves. Next to the roots write "Causes," next to the trunk write "Forms" and next to the branches write "effects."

Step 2: Form five groups. Ask them to draw a tree similar to what you have prepared on the flipchart.

Step 3: Define stigma and self-stigma.
Make sure everyone clearly understands.
- Stigma – Stigma is something that comes from others or your surroundings, it aims to make people feel bad about themselves and powerless in a situation. It is usually associated with a certain condition, such as HIV, or standing in the community.
- Self-stigma – Self-stigma comes from within. It is when someone judges themselves and makes themselves feel powerless because of a certain condition or standing.

Step 4: Ask them to consider the following in their groups:
- Why do people stigmatise others, such as lack of knowledge? List their responses as the roots (or causes).
- What do people do when they stigmatise people, such as name-calling? List their responses as the trunk or forms.
- How do these actions affect the person being stigmatised, such as isolation? List their responses as the branches/ leaves.

Step 5: Once they have completed the activity, have each group share their trees. Check the facilitator's notes for any additional causes, forms or effects that

Facilitator's Notes
Below is a list of potential causes, forms and effects of stigma to keep in mind and prompt participants with if they get stuck:

Effects or Consequences (leaves/branches)
Shame. Denial. Isolation. Loneliness. Loss of hope. Self-blame. Self-pity. Self-hatred. Depression. Alcoholism. Anger. Violence. Suicide. Dying alone without love. Feeling useless/not contributing. Family conflict. Quarrels within the family over who is responsible and who will take care of the PLHIV. Divorce. Getting kicked out of family. Fired from work. Dropping out from school. Orphans and street kids. Abuse or poor treatment by relatives. Deprived of medical care (health staff arguing that it's a "waste of resources"). Ceasing to make use of clinics, HTC, and home-based care and support programs. Reluctance to take medication. Lack of treatment. Spread of infection.

Forms of Stigma (trunk)
Name-calling. Finger-pointing. Labelling. Blaming. Shaming. Judging. Spreading rumours. Gossiping. Neglecting. Rejecting. Isolating. Separating. Not sharing utensils. Hiding. Staying at a distance. Physical violence. Abuse. Self-stigma (blaming and isolating oneself). Stigma by association (family or friends also affected by stigma). Stigma due to looks/appearance.

Causes (roots)
Morality (the view that PLHIV are sinners and promiscuous). Religious beliefs. Fear of infection, the unknown, of death. Ignorance that makes people fear physical contact with PLHIV. Gender as women are more stigmatized than men). Peer pressure. Media exaggerations.

were not mentioned.

Step 6: Conclude with the following questions:

- Do you think we focus more of our stigma reduction efforts on fixing the causes, forms or effects? Why?
- What can be done to address the causes of HIV-related stigma and therefore reduce them?
- What will you do to reduce HIV-related stigma after considering the harm it causes to our communities?

Step 7: Closing

HIV-related stigma is a major factor stopping people from learning their HIV status. Stigma is caused by various factors, including lack of knowledge, fear of death, shame/guilt associated with an STI and the moral judgment of others. Stigma has serious effects that can compromise an HIV-infected person's life. However, stigma can be reduced.

SERVICE MAPPING

Aim:
To explore deeper why some services may be used by men and others not, as well as explore ways to increase service utilization.

Materials:
- Map from Module 1
- Flip chart
- Markers

Directions:
(Note that it is critical to have the physical map that was created in Module 1.)

Step 1: Remind the men that this map was created by them during Module 1. Go back to that map. Hang it up on the wall so all are able to see it. Review what services are found where, including those for GBV, which were discussed in Module 1.

Step 2: Ask the men if there are any they may have missed the first time. Make any updates as needed.
- If, for some reason, the physical map is not available, engage all participants to draw another one on a flip chart. Alternatively, list the services in a matrix showing the available health service deliver points beginning with the list of high impact services (list both government and private health facilities, as well as outreach/mobile service points).

Step 3: Explain that now we are going to identify the key factors that can facilitate (helping factors) and inhibit (hindering factors) utilisation of the identified points of services.

Step 4: Divide participants into groups of five to six people, ideally four groups, but make sure there are an even number of groups.
- Assign half of the groups the task of identifying the key factors that can facilitate utilisation of the identified points of services (helping factors). Assign the remaining groups the task of identifying the key factors that can inhibit utilisation of the identified points of services (hindering factors).
- Ask the groups to work together to come up with a list for each service point.

Step 5: Ask everyone who worked on helping factors to make their presentations together. Do likewise for those who worked on hindering factors. Remember to take notes of what the groups present as key helping factors and hindering factors.

Facilitator's Note:
- You cannot speak on behalf of service providers, the government, Ministry or Department.
- Communities have concerns about the quality of services, but service providers may not be aware of those concerns. Service providers might, in fact, also have concerns about the community's attitude or participation in the available services.
- Your role is not to fix things, but to help the participants and other community members find solutions to their concerns. Therefore, engage the participants to identify a few key actions that they intend to take in order to overcome their concerns, such as the community can arrange a meeting with the clinic committee and/or sister-in-charge to give them feedback on the quality of services, and what they recommend (within their power to do so).

Step 6: Role play (this is an optional activity, if there is time for it, and if the participants agree to it):

- Ask the groups who presented on the helping factors to combine into one big group and develop a skit or role play to act out the helping factors. Ask the remaining two groups who presented on hindering factors to join into one group and also develop a skit or role play. They should portray this from both the point of view of men like them, as well as from the point of view of service providers at the service point. Remember to take photos and brief video clips, if possible and if the men are okay with it.

Step 7: Conclusion

- End by having a discussion around what action steps men may take to decrease the factors that may prevent them from utilizing services and how they can take advantage of the facilitators to ensure more men in their community utilise what is available.

WRAP UP OF MODULE 2

In Module 2, we examined in detail the factors that help, as well as those that hinder, men like us to use the key HIV risk reduction strategies. Based on these, we identified solutions to increase utilisation of these services. We concluded the module with service mapping. In the next and final module, we will learn the skills of risk reduction planning and you will receive an award for your commitment to these sessions.

Session Evaluation/Feedback

Before dismissing the participants, the facilitator or any other person that led this session should take the following actions focussing on both participants and him/herself as follows:

WITH PARTICIPANTS: Conduct an evaluation process, to solicit feedback from participants on which information they found:

- Most useful
- Least useful
- That they desire to have, but feel it was missing.

The facilitator shall use buzz groups or fully fledged group sessions where all groups shall respond to all questions, and, as they present in plenary, he/she shall take notes. These notes shall form part of the activity report.

Forms for this evaluation can be found in Appendix VI: Session Evaluation Guide.

THE FACILITATOR ON HIS/HER OWN: Complete a feedback form, summarising:

- Which topics/sessions he/she enjoyed facilitating and why
- Which topics he/she found difficult to facilitate on and why
- What specific topics he/she feels that he/she has adequate information on
- What specific topics or sessions she/he feels are redundant and need to be removed
- What specific new topics or sessions or information she/he feels need to be added and why
- What specific skills he/she feels that he/she lacks or needs strengthening and why

Forms for this evaluation can be found in Appendix VII: Facilitator Feedback Form.

MODULE 3:
MAKING HIV PREVENTION HAPPEN: DEVELOP A PERSONAL RISK REDUCTION PLAN, BE AN ADVOCATE

MAKING HIV PREVENTION HAPPEN

Objectives:
After participating in this module, participants will:
- Demonstrate knowledge and skills in developing action plans.
- Identify concrete actions that they will, individually, carry out to reduce the risk of HIV acquisition and/or transmission.
- Commit to becoming an advocate in their own social networks and communities.

Activities:
1. Quiz
2. Summary of Core Services
3. Making a Plan
4. Individual Risk Reduction Planning
5. Becoming an Advocate
6. Celebration of Completion

Materials:
- Newsprint/flip chart paper
- Markers
- Pre-printed action planning forms and pens
- Certificates for participants who completed all three modules

Module Introduction:
In Module 1, we explored the concept of risk, conducted individual risk assessments and discussed key HIV risk reduction strategies. In Module 2, we examined in detail the factors that help, as well as those that hinder, men like us to use the key HIV risk reduction strategies. Based on these, we identified solutions to increase utilisation of these services among men like us. We concluded Module 2 by revisiting the service mapping exercise conducted in Module 1.

Today is the last day. We will continue to build on the foundations laid down in Modules 1 and 2. Specifically, in Module 3, we will learn the skill of developing Individual HIV Risk Reduction Plans. We will conclude the entire process by awarding participants with a "Certificate of Completion."

QUIZ

Aim:
To serve as a recap of what has been discussed so far. This can also serve as an assessment tool that gives insights into how much knowledge gain has occurred as a result of these sessions.

Materials:
- Score sheet for quiz (Appendix IX)
- Quiz questions
- Pens

Directions:
Step 1: Divide the participants into two teams by asking them to count 1, 2, 1, 2, …. Assign the 1s to Team 1 and the 2s to Team 2.
- Ask each team to choose whether they prefer to have their team name be a type of bird or animal. Once they make this choice, further ask them to choose the type of bird or animal that they prefer.
- To further motivate them, you can make it fun, such as ask them to explain their choices—why they chose to be birds and why a specific bird was chosen, such as an eagle, or why they chose to identify with animals and why a specific animal, such as a giraffe.

Step 2: Explain the rules of the quiz. Each team will have only one chance to give the right answer to a question posed to them. Only the team whose turn it is can answer the question, the other team should wait and listen until it is their turn.
- The group has a maximum of 60 seconds to discuss the answer and should then appoint a spokesperson to provide the answer. A different spokesperson should be chosen for each question.
- Explain that by getting a correct answer each team benefits, just like good health, and that by knowing how to take steps to decrease your risk, you can gain more. Getting an answer wrong represents a loss and a sacrifice, such as making poor choices cost you.
- A correct response is worth 100 points. If a team gives a wrong response, they lose 150 points. The group will gain or lose points depending on whether the answer is wrong or right.
- If a team gives only a partially right response, they will not earn the 100 points; instead they will lose 100, as opposed to the full 150, which is the maximum loss for a completely incorrect response.
- If a team gives an incorrect response, the question will be given to the other group for an opportunity to answer and gain points. If the other team gets it correct within 60 seconds, it is a steal and they will earn 50 points. If both teams get it incorrect, the facilitator should use it to form the basis of discussion by the entire group, after which the facilitator concludes with an emphasis on the key facts.

Step 3: Conduct the quiz, alternating which team answers and sticking to the rules laid out above. Be sure to be keeping accurate score after each question.

Step 4: Summarise the results. Suggested questions and an accompanying tally table are on the next page.

SUGGESTED QUESTIONS FOR QUIZ

Topic	No.	Question	Answer
HTC	1	What is the window period?	The time between when you become infected with HIV and when it will show up on the test.
	2	What is discordancy?	When one partner is HIV positive and the other is HIV negative.
Condom	3	A condom can be used for two important purposes. What are those two purposes?	To prevent pregnancy and STIs, such as HIV
	4	Complete the following statement: "For condoms to be effective, one must use them c….. and c…..".	Consistently Correctly
VMMC	5	Does circumcision provide complete protection from HIV?	No, it reduces the risk by 60 percent, but it is important to still always use a condom.
	6	VMMC is a surgical procedure that needs to heal thoroughly before engaging in sex. How long is the recommended healing period?	Six weeks.
ART	7	Once you begin taking ART, how long will you need to continue to take it?	For life.
	8	Mention the way by which ART reduces the risk of HIV transmission.	Reduces viral load.
	9	What does it mean to have an undetectable viral load?	That you have so little virus in your blood that the test cannot detect it. You are still HIV-positive, though.
PMTCT	10	HIV can be passed from an HIV-positive mother to her baby in three ways. Mention all the three ways.	During pregnancy, labour/child birth or breastfeeding.
	11	A pregnant woman that is HIV negative can become HIV positive. Mention one main method that a man can use to prevent this from happening.	Use a condom. Adhere to ART medication.
	12	PMTCT makes it possible for a child born to an HIV-positive mother to be born HIV negative. However, the baby can still acquire HIV from her mother. Explain the child care practice that carries the highest risk for the baby.	Breastfeeding
	13	Mention one key advantage of PMTCT that benefits a man's health directly.	It allows you to enrol in services, as well, and be tested for HIV.
GBV	14	Give two examples of sexual violence, such as the forms of…	Touching a female's body parts without her approval. Forcing someone to have sex against their will.
	15	Give two interventions that you could use to address sexual violence.	Teach ourselves to respect women. Report abuse to the police.
Partner Reduction	16	What does multiple and concurrent partnerships mean (50 pts.), and how does it increase the risk of HIV acquisition and/or transmission (50 pts.)? A team must get both questions right to receive 100 pts., but they can be awarded a lower value (50) if they get only one part of the question right.	Multiple and concurrent sexual partners means that you are having sex with more than one person during the same time period. You are part of a sexual network and exposed to more risk of getting HIV.
	17	If a man is in a polygamous union, what are the three key HIV risk reduction strategies that he should practice?	Use a condom, remain faithful to those within the marriage and get tested for HIV.

QUIZ WRAP UP: DISCUSSION QUESTIONS.

1. Question: What did you learn from this quiz?

Suggested Summary by Facilitator:
The decisions that we make have a cost to them. Wrong decisions make us lose. Wise decisions make us gain. Likewise, poor choices of health behaviours by an individual have a cost on his and his partner(s) overall health. It is also not unusual for immediate family and friends to also be affected.

2. Question: How did you feel after the group agreed on an answer that was inaccurate thereby sustaining a loss, yet you had the right answer (that they rejected or you otherwise did not get a chance to put forward for the group to consider)?

Suggested Summary by Facilitator:
Sometimes, the wider community is wrong when individuals in the same community are right. It takes courage and persistence for the concerned individuals to make the choice to be different and change their own destiny. This might ultimately benefit their family and community, as well.

3. Question: On the whole, do you feel like your individual mark would have been better if you acted alone?

Suggested Summary by Facilitator:
When we act in solidarity, everyone wins. Remember that to protect yourself, you must also protect your partner.

SUMMARY OF CORE SERVICES

Aim:
To give an overview and recap of the information provided on the key HIV services that are available for HIV prevention, care and treatment.

Materials:
None

Directions:
Step 1: Review each of the sections below highlighting the information given previously. Be sure to pause and ask if anyone has any further questions since this is the last time you will all meet together.

HTC
HTC is for everyone. HTC services are provided at all health facilities. In addition, there are stand-alone HTC centres, as well as mobile clinics. Services offered include the following:

- Counselling
- HIV blood test
- Based on need identified during HIV counselling, one is referred to other clinical services, such as TB screening, ART or PMTCT.

When you get your HIV-negative test result, it is important to go for a re-test after six weeks, to confirm your status. This is because of the window period. The window period is when HIV has just entered your body and antibodies against HIV are just starting to multiply, but are in such small quantities they do not show up on the test. If you have sex without a condom and don't know your partners status after HTC, you must go again for HTC.

HTC is private and results are confidential, but an individual can make a choice to disclose his results to anyone he chooses. Disclosure unlocks support from family and friends. It also helps reduce self-stigma.

Pre-ART
People who test HIV positive are then assessed to see if they should start treatment at a health facility. Services offered are the following:

- Your blood is tested to assess CD4 count. Results are provided the same day (within 30 or more minutes).
- You may get medication, depending on the CD4 assessment and your symptoms. Follow the instructions that you are given. Do not share medicines. If you are not yet ready to begin treatment, you will need to return to the facility for further testing until it is time to begin ART.
- Be sure to return for all appointments scheduled.

ART Initiation
This service is offered only at health facilities. Individuals who test HIV positive and meet the eligibility criteria can be initiated on ART. The services offered are the following:

- ART initiation – initial ARV supply for two weeks
- You should return to the health facility so that your health care provider can review how you are responding to treatment:
    - If newly initiated, come back on day 15 for a check-up.
    - You will then come every month for one year.
    - Thereafter, it will be every three months for a check-up and to receive a refill on your medication.

It is helpful if you speak with someone you know who is also on ART in your community or workplace. This can help you to remember to take your medicine on time, get reminders about your appointment days for refill and/or review, and have the support of others who are also on treatment.

VMMC

Like HTC, VMMC is provided at all health facilities. Services offered at these clinics are the following:

- You will be offered a chance to test for HIV.
- If you give consent, the VMMC surgical procedure is short and relatively painless. Doing this reduces your risk of HIV acquisition by 60 percent.
- VMMC does not provide total protection from HIV. To reduce the risk of HIV further, circumcised men should use condoms correctly and consistently.
- You will need to take time to heal (six weeks) before resuming sexual activity.

ANC and PMTCT

A sexually active woman that misses her monthly period should immediately go for a check-up within six weeks from when she misses her period. At the health facility, she will be tested for pregnancy, as well as HIV. If pregnancy is confirmed, the woman is provided with information of how to care for her pregnancy and prepare for birth. If the woman is both pregnant and HIV positive, she is enrolled in PMTCT (in Swaziland, it is sometimes called Life-long ART for HIV+ Pregnant and Lactating Women). It is more beneficial to go for such a check-up as soon as a woman misses her monthly period. This helps address other health risks, even when the woman is not pregnant. Men should accompany their partners for important visits and support her as she goes through the process of protecting your child from HIV.

ANC is available to pregnant women at health facilities. Some services provided are the following:

- Check vitals of the woman and the baby.
- Advice on pregnancy care.
- Family planning counselling and services.
- HTC, including partner testing for men.

Take Home Message

There are a variety of HIV-related services to help you either prevent HIV or live positively. Every service delivery point in the health care system is an entry point. For example, if your primary reason for going to a health facility was to seek medication for a cough or headache, you can also ask your health care provider for HTC, condoms and other services.

Going to a health facility to seek medical attention does not imply that a man is weak. It is responsible men who care about their health who do so.

Wrap Up

Thus far, we have gained comprehensive knowledge about HIV and how to reduce the risk of HIV acquisition and/or transmission. We have also become acquainted with the core HIV prevention services that are available to us. We learnt that to protect ourselves, we have to protect others, as well. Among other things, this places responsibility on us as men regarding the decisions we make and how we treat and support our partners. In the next activity, we will develop individual tools that would help us make this happen.

MAKING A PLAN

Aim:
To gain an understanding of what it means to make a plan in life, follow through on it and its benefits.

Materials:
- Flip chart
- Markers

Directions:
Step 1: In plenary, ask participants to explain what they understand a plan to be. Write responses down on the flip chart.

Step 2: Provide the following summary:
- A plan is a roadmap that shows how we will get to where we desire to go. It is comprised of decisions and actions or tasks that will be undertaken to get us where we want to go. A plan can exist as a mental process and also can be written down. For example, a farmer's plan can include tasks like deciding what crop to grow in a particular season, buying seed, deciding when to till, hiring a tractor to till the fields, deciding when to plan, harvesting and more.
- In the context of HIV, the questions each one should ask himself are: "How can I reduce my risks of acquiring HIV?" or "How can I reduce the risk of transmitting HIV to my partner?" or "How can I reduce the risk of HIV re-infection?"
- A plan is not the same as a wish or a dream. A wish can be translated into a plan. Successful plans start with wishes and dreams.

Step 3: Read the story of Mandla that illustrates plans and wishes:
It is early in the morning, Mandla is already at a garage. He has brought his car to fix his tyres, he has been thinking about it since last night at dinner time. He decided that it was imperative to fix the tyres first thing in the morning the next day, Friday, because he needed to use the car to take his family to a wedding in a distant community. Before he could set out on that trip, he needed to buy some stuff in Manzini. He keeps himself busy with that day's newspaper as he waits. He is viewing a page of the newspaper where the latest models of cars have been advertised. His car is an old model of one of the advertised cars. He thinks to himself: "One day I will buy a car like this one."

Step 4: Lead a discussion with the group, identifying plans and wishes from the story of Mandla.
- Plans: Mandla will fix the tyres of his car first thing in the morning on Friday. In the evening, he will use the car to take his family to a wedding in a distant community. Before he sets off to the wedding, Mandla will go to Manzini to buy stuff. Mandla has concrete plans about how to spend his day. His priorities drive his plans.
- Wishes: Mandla has seen an advertisement of a car that he admires. He thinks to himself: "One day I will buy a car like this one." He does not specify when that will be. We do not know whether or not he has the money to afford it. Mandla is expressing it as a wish.

Step 5: Lead a discussion around the importance of having a plan.
- In plenary, ask participants to explain what they see as the key benefits of having a plan. Participants who feel comfortable can even share the plans that they have.
- Provide the following summary. A plan has the following benefits:

- An individual can refer to it, to be reminded of his decisions. This increases commitment to the decisions made.
- An individual is reminded of the goals they have set for themselves. This increases the levels of motivation to achieve the goals.
- A plan helps an individual to focus their time, energy and other resources on their priorities. This further helps an individual to take more control over their life.
- A plan helps an individual to be more aware of their achievements. Awareness of success helps in building self-confidence. Self-confidence further helps an individual to be more motivated and committed.

Step 6: Highlight the key elements of an effective/successful plan.

- An effective and successful plan should have the following attributes:
- It must be specific about what the goals/desired results are.
- It must be ambitious, stretching the individual to attain a better condition than the present one.
- It must set targets that are realistic, especially taking into account the resources and decisions that are within one's control. In other words, a successful plan has tasks/activities that one can implement. Support from others is supplementary.
- A plan should be reviewed/updated regularly, to get a sense of the progress being made and the changes that need to be made to the strategies for implementing the plan.

Step 7: Conclude the session and ask the men if they feel comfortable with the differences between having a plan and wishes and explain that now that are all going to develop their own HIV risk reduction plan.

INDIVIDUAL RISK REDUCTION PLANNING

Aim:
For each participant to create their own individual risk reduction plan.

Materials:
- Action plan template (Appendix X)
- Pens

Directions:
Step 1: Distribute the planning template to each participant and explain how to use it. Illustrate an example in plenary.

Step 2: Give the participants 30 minutes to work individually. Check to assure yourself that everyone has understood the task and provide support to those who need it more. Encourage those that want to work in pairs or trios to do so, but prevent it from becoming a group activity, as the plans are individual.

Step 3: In the plenary, ask a few volunteers who feel comfortable to share their plans to do so. Ask the rest of the participants to give positive input/feedback, with the understanding that the plan is meant for that individual and is confidential.

Step 4: Inform the participants that each should keep their action plans, reflect on it while at home, refine the actions where need arises and implement their plans.

Step 5: In a brainstorming session, identify support mechanisms to help individuals stick to their plans. In addition to what participants put forward, suggest the following:
- Talk to a health care worker.
- Know when and where to get services.
- Get a buddy to help you.
- Join support group.
- Encourage a friend to make a plan.

EXAMPLE OF A COMPLETED INDIVIDUAL ACTION PLAN

Plan Owner	Mandla Shongwe
Plan Title	HIV Reduction strategies
Goal	Examples: 1. If already HIV positive, achieve undetectable viral load. 2. If HIV negative, remain HIV negative and avoid getting HIV. 3. If unaware of status, know my HIV status. 4. If planning to have a baby or your partner is pregnant, test with partner or support partner to enroll in ANC.

Desired Outcome			
Action	**Timeframe**	**Risks & Assumptions**	**Risk Mitigation Measures**
1. Go for HIV test.	By end of next week	If I wait for too long, I might change my mind.	I will inform my close friend who has already tested that I plan to test.
2. Disclose my HIV-positive status to my partner.	By end of the week	My girl-friend/spouse might leave me.	I will join a support group to learn skills on disclosure.
3. Go for VMMC.	By next month	It is painful. They will force me to test for HIV.	I will discuss with a close friend who has already been circumcised.
4. Reduce my sex partners from three to one.	By next month	I will be all alone and won't have any fun.	I will work on my main relationship and stay focused on making it better.
5. Adhere to treatment.	Ongoing	People who I don't want to know my status will see me taking medication.	Join a support group for help in adherence and ask a family member to be my treatment buddy and help me remember.

BE AN ADVOCATE

Aim:
To encourage men to become advocates in their communities for women and HIV prevention.

Materials:
- Flip chart
- Markers

Directions:
Step 1: Explain to participants: "Every day we interact with many people. With all of these people we could be encouraging change through our words and actions. Often we don't think about it this way, though, and feel that activism can only be some large or well-planned activity. Our attitudes and actions affect others. The choices we make can inspire others to also create positive change in their own lives. We may think that we have little power to make a difference, but, in reality, we can be a spark that lights a fire. Many times, the most effective activism happens in the course of normal life."

Step 2: Explain: I am going to read you a simple story. Please make yourself comfortable and listen carefully.

Once you have everyone's attention, begin reading: Sipho is a farmer. He lives in a small farming community. It is Sunday, the only day he gets to sleep longer and rest a bit. He and his family get up at 7 a.m., bathe and have breakfast. From 8 to 10 a.m., they go to church, after which they talk for a while with some of their fellow church members. On the way home, they stop at the market to buy some vegetables and food for cooking. They come home and prepare food, with everyone helping in the food preparations, and at 1 p.m. they enjoy a nice meal together. At 2 p.m., Sipho goes to the big mango tree where his friends gather for talking and sometimes playing a game. From 4 to 5:30 p.m., the whole family goes to visit a relative with a sick child. When they arrive back home, there are neighbours sitting outside enjoying a rest. Sipho's wife cooks a special supper. Some neighbours come by and they all share food. The whole family takes supper at 9 p.m. and goes to bed at 10 p.m.

Step 3: Debrief the story:
Explain: The story, about a day in the life of Sipho, is a simple one. It focuses on the social interactions Sipho had during his Sunday. This could have been the story about any man living in your community. Let's review Sipho's day and the social interactions that he had.
- Write on the flipchart: 7 a.m.
- Ask participants: What social interaction did Sipho have first thing in the morning? (Answer: He had breakfast with his wife and children.)
- Write the answer on the flipchart next to the corresponding time. In this case, you could just write "breakfast with wife and children."
- Review Sipho's whole day like this, writing down the time and the corresponding social interaction. Reread parts of the story if needed to help participants remember.

Step 4: Summarise as follows:
- Every day, you interact with multiple people. Every social interaction is an opportunity for activism and to talk about what you have learned during these three days we have spent together. Remember that activism can be personal or public.
- Ask participants: Please choose a day from the past week. Write out your day and its social interactions like we have done for Sipho. Write down both formal and informal interactions, personal (with family) or public

(with community members, colleagues, etc.). For each social interaction, write down a way you could have used that social interaction for activism and to spread the information you have learned. Take five minutes to do this independently.

Call "time is up, please stop" after five minutes have passed.

- Ask participants: Please turn to your neighbour to discuss your work. Explain your day and its opportunities for personal or public activism. Be specific. Work together to ensure you have named specific ways to take action for each social interaction. You will have 10 minutes for this discussion. After five minutes, I will tell you to switch roles and begin working on the other person's opportunities for everyday activism."
- Ask participants to begin. After five minutes ask participants to switch roles. When 10 minutes have passed call "stop!"

Step 5: Debrief the exercise, using the following questions as a guide:

- What did you learn from this exercise?
- What are some things you identified that you can do to teach other men what you have learned?
- Did the exercise help you think differently about your day and your role as an activist? If so, how? If not, why not?
- What times of day or types of social interaction were the most challenging for identifying how to take action?

Step 6: Wrap up the session.

- Everyone can take action.
- Action comes in many forms. Activism does not have to always be a large or organized event. We can be activists in our everyday interactions and relationships. Every choice we make throughout a day allows us to live and demonstrate our beliefs.
- It is actually when our activism becomes part of our everyday life that we will begin to see social change.
- Everyone has the power to reach many people. The more people we reach out to, the more we will be able to effect social change.
- If each of you reach 10 people, and those people reach 10 people and those people reach 10 more, we will soon create a critical mass of people with knowledge and skills to prevent HIV.

Wrap Up

Thus far we have learnt what a plan is, benefits of having a plan and features of a successful plan. We have used this knowledge to develop individual HIV risk reduction plans. Now is the time to make HIV risk reduction happen.

- Implement your plans.
  - You may slip back, but do not abandon your plan.
- Be an advocate.
  - Identify someone that you care about that you feel should have the same information.
  - It is important to share what you have learnt and experienced. Doing so will help you to maintain your commitment.
  - Identify people that you can inspire and motivate.
  - Also, identify opportunities in community groups, churches and more to share what you have learnt.

Session Evaluation/Feedback

Before dismissing the participants, the facilitator or any other person that led this session should take the following actions focussing on both participants and him/herself as follows:

WITH PARTICIPANTS: Conduct an evaluation process, to solicit feedback from participants on which information they found:

- Most useful
- Least useful
- That they desire to have, but feel it was missing

The facilitator shall use buzz groups or fully fledged group sessions where all groups shall respond to all questions, and, as they present in plenary, he/she shall take notes. These notes shall form part of the activity report.

Appendix VI: Session Evaluation Guide

THE FACILITATOR ON HIS/HER OWN: Complete a feedback form, summarising:

- Which topics/sessions he/she enjoyed facilitating and why
- Which topics he/she found difficult to facilitate on and why
- What specific topics he/she feels that he/she has adequate information on
- What specific topics or sessions she/he feels are redundant and need to be removed
- What specific new topics or sessions or information she/he feels need to be added and why
- What specific skills he/she feels that he/she lacks or needs strengthening and why

Appendix VII: Facilitator Feedback Form

CELEBRATION OF THE COMPLETION OF THE ENTIRE PROGRAM

Aim:
To celebrate the work the participants did.

Materials:
Certificates for each participant who attended all three modules.

Option 1:
This can be done fairly quickly as part of the third day, such as the day on which people develop individual action plans. In addition to the facilitator, key program staff, as well as community leaders and government officials, can be invited. Selected participants can give testimonies about how the training has changed them and what they commit to doing going forward.

Option 2:
Considering that the participants have been in the session for long enough already, it might be more convenient and have even greater impact to award the certificates during a community-wide event at chiefdom level. In that way, you would have graduates from among all the priority populations. Such an event might be in the form of or closely to a World AIDS Campaign event to which key program staff as well as community leaders and government officials are invited; and services (such as HTC) are offered on site. Selected participants can give testimonies about how the training has changed them and what they commit to doing going forward. There can also be cultural performances to underline the celebration.

Remember:
Each participant should be given resources to enable them to keep their risk assessment form, individual risk reduction plan and the certificate together. Doing so will go a long way in helping them value the process that they went through and serve as a reminder to them of the commitments they had made in their individual risk reduction plans.

QUALITY IMPROVEMENT & ACCOUNTABILITY

QUALITY IMPROVEMENT & ACCOUNTABILITY

Introduction

In order for this tool to result in the intended impact, it is important to put in place a system for checking if the process and modules are implemented as designed and if the desired outcomes are being achieved in the quantity and quality expected. That system should embrace a culture of quality improvement (QI) and accountability. This section contains recommendations on the specific actions and processes, relevant to IPC sessions using this tool that can be taken to ensure QI and program accountability.

Definitions

Quality Improvement: A systematic process that involves collection of process data and using it to decide what to focus on more (and/or what to reduce focus on) to complete the process and get "the most of the best" of the desired results or outcomes; and how to achieve that with less time and other resources. It must be noted that QI is not an event. Rather, it is a continuous process. To emphasise this fact, some people prefer to refer to it as continuous quality improvement.

Accountability: Refers to the act(s) or processes aimed at demonstrating progress being made towards delivering on set commitments, in a transparent way that makes sure information is timely, available and accessible to all relevant stakeholders; and that information is collected systematically and used, beyond reporting obligations, to inform changes in implementation and design of similar projects in future. The key attributes of accountable program implementation include the following:

- Regular, timely and accessible information, including standardised tools, systematic process of collection and user-tailored packaging of the information.
- Monitoring, reporting and learning; regularly reviewing monitoring data to inform changes in implementation, and ensuring evaluation data informs future project design, thus building a culture of learning and continual improvement.
- Building staff and partner competencies for accountable programming, by ensuring that our staff have the technical and behavioural competencies to deliver our commitments to communities.

The QI Process

QI is an aspect of organisational culture. In relation to the use of this tool, the QI process shall involve the following activities/tasks:

- Periodically conduct a "process audit" to ascertain the level of compliance by facilitators in the field, such as to ensure that the implementation process follows the sequence and time allocated.
- Periodically collect and analyse feedback from facilitators and participants in order to identify redundant content, as well as opportunities for integrating new insights.

Tasks

1. IPC Facilitators: The IPC facilitator shall, at the end of each module, take the following actions:

- Conduct an evaluation process, to solicit feedback from participants on which information they found a) most useful, b) least useful and c) which information or skill they desire to have, but feel was missing. The facilitator shall use buzz groups or fully fledged group sessions where all groups shall respond to all questions and, as they present in plenary, he/she shall take notes. These notes shall form part of the activity report. Appendix VI: Session Evaluation Guide
- Complete a feedback form, summarising a) which topics/sessions he/she enjoyed facilitating and why b) which topics he/she found difficult to facilitate on and why c) what specific topics he/she feels that he/she has adequate information on d) what specific topics or sessions she/he feels are redundant and need to be removed e) what specific new topics or sessions or information she/he feels need to be added and why,

and f) what specific skills he/she feels that he/she lacks or needs strengthening and why. Appendix VII: Facilitator Feedback Form

2. Program Team Leader: The officer responsible for defining and delivering program content, whatever the designation or title is, shall ensure the following:

- Define a training curriculum and implement a capacity building session for IPC facilitators to ensure they understand the basis for targeting men, relevance of the core package and understanding how to implement it, basics of social and behaviour change communication, facilitation skills and the key outcomes/deliverables, such as how performance/success shall be measured.
- Develop a clear plan for supportive supervision, complete with specific dates and locations. During the supportive supervision, conduct mentoring to IPCs and, thereafter, compile a specific report for each or all supportive supervisions conducted, highlighting strengths, weaknesses and corrective actions implemented or to be implemented, with clear timelines.
- Compile a report, with clear findings and concrete recommendations, and, using the findings and recommendations, facilitate a discussion during a program review meeting where concrete actions, timelines and responsibilities are defined as to how to implement them.

3. Central Office: Shall set up a QI Team that will carry out the following tasks:

- Periodically visit a sample of IPC sessions that, at that time, shall be using this tool to:
  - Assess if the facilitator follows the sequence and recommended time.
  - Observe the facilitator in action to ascertain his/her level of skills in a) facilitation skills, and b) level of organisation, confidence and accuracy in presenting content.
  - Interview the facilitator on topics that he/she considers a) redundant, b) inadequate or c) totally missing. For each, clear reasons/justification should be solicited.
  - Take a sample of participants to individually share the topics/information that they find/found a) more helpful, b) least helpful and c) missing. For each, clear reasons/justification should be solicited.
- An on-site observation form to be used can be found in Appendix X.

Accountability Process

Like QI, program accountability is an aspect of organisational culture. More information on how to strengthen program accountability can be found here: http://usaidprojectstarter.org/content/monitoring-evaluating-and-learning-toolkit-pathways

In relation to the use of this guide, accountability shall be ensured by undertaking the following actions:

- Ensure transparency: attendance information shall be collected using standard tools that show the age and sex/gender of participants and further include means for re-tracing the participants in case that need arises in future.
- Maintain an up to date database: all attendance information shall be submitted within five working days of conducting a session on each module. A copy of the attendance information for the first two sessions shall be submitted as a copy. The original shall be submitted after conducting the final session. (To the extent possible the same people that started Module 1 should complete Modules 2 and 3. Interested participants that missed Module 1 should not be admitted to Modules 2 or 3. Instead a new group should be formed). Such information shall be signed off by the person submitting it, signed off by the program staff assigned to review and certify records and stored by the monitoring and evaluation (M&E) team in hard copy, as well as in retrievable form electronically.
- Using data for program improvement: participation in IPC session is a means to an end; it is not an end in itself. To assure that you are "doing the right thing," participation in IPC sessions should lead to or correlate with the number of individuals linked or referred for services, especially HTC, ART, VMMC and PMTCT. Therefore, a special reporting form should be used to capture this information. An analysis of this

information shall feed into program progress reviews and strategies shall be revisited to strengthen this level of program outcomes.

- Monitoring, evaluating and learning: every month, the M&E team shall analyse the data, and summarise specific findings and make specific recommendations that shall be discussed at both management and program meetings, as well as make specific recommendations for program improvement. Management shall take concrete steps to ensure that implementation is adjusted accordingly.
- Data Quality Assessment (DQA): for USAID activities, adapt the DQA guidance. This shall be defined as a separate process, as part of routine monitoring. However, the DQA guidance as defined by USAID may be useful to the M&E process as a function, regardless of source of funding for the activity. Resources and guidance on DQA can be found here: http://usaidprojectstarter.org/content/conducting-data-quality-assessments
- Develop staff capacity: the M&E team should ensure that all program staff understand the basics of QI and program accountability. Additional effort shall be made to provide mentoring support to primary data collectors and reviewers at program level and, generally, to cultivate interest in them for M&E (or QI and program accountability).

APPENDICES

ACTIVITY PARTICIPATION FORM

APPENDIX I

Name of person completing form: _____ Signature: _____ Title: _____ Cell: _____ Inkhundla: _____ Chiefdom: _____ Priority Group: _____ Date: _____ Session _____ of_____					HIV prevention package offered						
#	Name	Sex	DOB/ Age	Cell #	Education on HIV	Condom Promotion/ Skills Training	Information on HTC	Service Uptake	Social & Gender Norms	Referral to Service	Participant Signature
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

ICE BREAKERS

APPENDIX II

Get to know your neighbour

1. Divide participants into pairs.
2. Ask each participant to introduce themselves to their partner and share three things about themselves. Give them about three minutes to do this.
3. Bring everyone back together to larger group and ask the participants to introduce their partner to everyone else and share one thing they learned about the person.

A Cold Wind Blows to…

1. Have all the participants arrange their chairs in a circle and sit down.
2. Stand in the middle of the circle and begin the game by saying, "A cold wind blows to whomever_____" (fill in whatever you want, such as is wearing a green shirt, has a son, plays soccer and more).
3. Anyone who fits that description should then get up and change seats with another person who also stood up, including the person in the middle. One person will be left standing since the person in the middle did not have a chair.
4. The person left standing should make the next statement.

FIELD READINESS CHECKLIST

APPENDIX III

Key Question *If there is more than one question, a "no" answer to any one question equals to a "no" in the box where you are required to "Tick Your Answer"; and a "no" means that you are not ready.*		**Tick Your Answer**	
		Yes	**No**
1	Do you ***understand your audience?*** Do you fully understand the key risks they face and the drivers of their behavioural choices? Have you read and do you understand the section in this tool entitled ***"Understanding Your Audience"?***		
2	Do you agree with what has been recommended in this tool as "high impact" interventions to reduce the risk of HIV acquisition and/or transmission? Such as do you agree that the following are effective at reducing one's risk to HIV: condom, HTC, ART, VMMC, PMTCT and partner reduction?		
3	Have you been ***trained on how to use this tool?***		
4	Do you feel confident to facilitate a discussion using this guide, without having to read every word and every sentence?		
5	Have you mobilised the right people of the required age? Do you know how many are likely to show up for your session?		
6	Did you involve the recognised coordination structures at the community level, such as community engagement group (CEG). Did the CEG meet and develop a plan that includes this activity? If yes, do you have a record/minutes of their meeting? If the mobilisation was done by the IPC facilitator, was he/she mandated by the CEG, such as is there a community action plan on which his/her actions are based?		
7	Have you arranged an appropriate venue for the discussions? Have you visited and seen the space so you know it is adequate and suitable?		
8	Do you have the required materials, such as stationery, copies of the risk assessment tool, stories and others?		
9	Some participants might need referral to appropriate services. Do you have the MOH referral book? Have you been trained on how to do referrals? Have you built a relationship with the local health facility so that you can refer people there?		

THE STORY OF WANDILE

APPENDIX IV

Wandile and Nompilo are a young couple that live in Mahlanya, which is Wandile's parental home. Wandile is a 33-year-old man, while Nomphilo, his wife, is 22. They were traditionally married. They have been together for two years now and have a three month old baby boy, Nhahla. They named the baby after Wandile's paternal grandfather. They are a happy couple, but it has been four months now since the last time the two were intimate with each other. This is beginning to pre-occupy Wandile.

Pause. Go to Discussion Questions Set 1.

Wandile is known for his enterprising spirit and hard work. He earns a living as a small-scale farmer. He produces vegetables, such as maize, which he sells while still fresh. Out of the family herd, 11 of the cows belong to him. He bought them with the proceeds from his vegetable sales. In his vegetable field, he uses manure from the family's cattle kraal which helps him to cut on the cost of inputs. He also has small-scale irrigation equipment, which helps him to grow crops off-season, when the rainy season ends or when there are dry spells during the season. Because his field is along a busy road, he prefers to cook or roast the fresh maize and sell it directly to passers-by. He makes more money that way, compared to selling it on wholesale to middle men. His field is almost his second home, as he works from dawn to dusk. He has employed a young man that helps him both in the field and with the selling.

Pause. Go to Discussion Questions Set 2.

Nomcebo, a 32-year-old single lady, is the most frequent among the regular buyers of vegetables and fresh maize from Wandile's field. She recently returned from the big city after a long time. She runs a spaza shop about a football field's length away from Wandile's field. She is mature, pretty and generally jovial and friendly. She pays for what she gets only when she finds Wandile's young helper alone. When Wandile is present, she deals directly with him and on many occasions gets what she wants on credit. Wandile also is quite generous with her. The young man has no idea whether or not she settles her debts.

Of late, under the cover of darkness, Wandile has been paying brief visits to Nomcebo at her house. On other occasions, Nomcebo has been asking for a lift from Wandile when he goes to the big city for deliveries. The frequency of Wandile's visits to Nomcebo have increased over the past two months. But not a soul, except Nomcebo's 8-year-old daughter, Nonhlahla, has seen him visit her. She fondly calls Wandile "malume," but the resemblance between Nhlanhla, Nomcebo's daughter, and Nonhlahla, Nomphilo's son, is quite striking.

Pause. Go to Discussion Questions Set 3.

On several occasions lately, Wandile has even slept over at Nomcebo's house. Each time, he made sure to call/phone Nomphilo in the early afternoon to inform her that he was leaving for town to follow up on his payments for deliveries he had made in town. Each time he called again in the evening to say that he was held up in town, so he would sleep over at a friend's place. He tried to make sure Nomphilo was not stressed about his whereabouts.

Pause. Go to Discussion Questions Set 4.

On some of those days, Wandile indeed spent the night in town, but not at a friend's place. He instead slept at a guest house with Celiwe, a recent acquaintance that works at one of the shops. She is the one that receives Wandile's deliveries at one of the big shops. Celiwe is pretty, cheerful and courteous. She made him feel really

important. But there was something else about her. Her smile and graceful steps were irresistible. One day, Wandile thought of trying out his luck with her. She agreed! Wandile felt ecstatic and, momentarily, did not know what else to say to her. From then on, it seemed like Wandile had a spell cast on him. He creates every opportunity to go to the big city and "get stuck" there so that he can spend good time with Celiwe. She seems to know a lot about making a man happy in bed. She is not demanding. It makes Wandile feel truly indebted to her, so he voluntarily gives her cash gifts, which Celiwe receives with a great smile and feigned reluctance.

Pause. Go to Discussion Questions Set 5.

Nomcebo is now two months pregnant. When she first discloses to Wandile, it sparks a sharp disagreement between the two, because Nomcebo also was dating another man known to Wandile. But Nomcebo insists that she always used a condom with her other man friend, and only allowed Wandile not to use a condom, because he is the father of her daughter.

Wandile is now anxious about what Nomphilo will do when she learns Nomcebo's pregnancy. He also worries about his reputation in the local church where he is a deacon. When he walks, he feels heavy as though the whole world is resting on his shoulders. He often feels tired and has become irritable.

The young man that works for him has taken notice that Nomcebo has reduced her frequency to come and buy produce, including roasted maize. He also has taken notice that his master is not as agile and cheerful as before. On many occasions he has heard him sigh and mutter things to himself.

"Umphatsi, is everything ok with you," the young man asks. Wandile pretends not to hear and sends him to fetch something for him. At home that evening, Nomphilo also convinces herself that all is not well with her husband. He looks tired, does not finish his food and barely says anything.

"Babe, you don't look your usual self these days. Is everything ok with you," she asks. In a similar manner, he ignores her question and asks for a cup of water to drink.

Pause. Go to Discussion Questions Set 6.

RISK ASSESSMENT TOOL FOR MEN

APPENDIX V

Complete this tool by putting a check or x in either the yes or no box for each question. This is a private exercise for you to assess yourself, no one else will see your answers unless you want them to. Once you have completed this turn it over and wait for the facilitator to explain what each answer means.

Question	**Tick Your Answer**	
	Yes	**No**
1. Have you ever, even once, had sexual intercourse without a condom?		
2. Have you ever had an STI?		
3. Have you ever had anal sex?		
4. Do you know your HIV status?		
5. Do you know the HIV status of all of your past and current sex partners?		
6. Are you currently involved in a sexual relationship with more than one person?		
7. Have you ever exchanged or sold sex for money, goods or favours?		

SESSION EVALUATION GUIDE

APPENDIX VI

This evaluation form should be completed by the facilitator each time she leads a session using this tool. The completed form should be handed in together with the Activity Participation Form.
The purpose of this evaluation process if to solicit information from participants so that we are better able to address their information needs to allow them make healthy choices. Therefore, ask the same question in different ways. This has already been integrated into the way the questions in the table below have been framed. Therefore, do not be surprised if, in some cases, you get the same response for different questions.

Directions:

1. Form six groups. Use existing groups, if they exist. Do not let them disperse.
2. Assign one question to each group.
3. Give the groups five minutes to agree on a maximum of three responses to the questions. Ask them to write down their responses.
4. In plenary, ask each group to share just their number one response to the question. Record their responses onto the form. Also collect their completed forms.
5. Pin all of the forms together, with the summary that you compiled on top of the six forms from the group discussion
6. Submit the forms together with the Activity Participation Form and the Facilitator Feedback Form.

Participant Session Evaluation Form

Facilitator Name: _____ Location of Session: _____
Date: _____ Module Presented: _____

Question	Topics/Sessions	Reason, explain your answer
1. Which topics/sessions did you enjoy the most and why?		
2. Which information do you find most useful and why?		
3. Which topics did you find least enjoyable and why?		
4. Which topics did you find least useful and why?		
5. Which topics do you desire more information on and why?		
6. What other topics do you wish you had learned about in this session and, why?		

FACILITATOR FEEDBACK FORM

APPENDIX VII

Session 1: Understanding HIV Risk			
Checklist	**Yes/No**	**If No, Why**	**Additional Comments**
Were there any topics that you felt you did not have enough information or skills on to lead?			*If yes, please explain:*
Did you feel confident leading discussion on each topic in this session?			*If no, list the topics that you found hard to lead discussion on:*
Were you able to deliver the content in the suggested time?			*If no, briefly list the main constraints:*
Did you complete this session?			*If no, list the topic not covered here:*
Do you have specific suggestions on how to improve the content of this session?			*If yes, provide details here:*
Are they any specific sections your feel are redundant and could be removed?			*If yes, which sections:*
Are there any specific topics that you feel should be added to the session or that more time should be spent on?			*If yes, which sections:*
Your Name:	Sex:	Age:	Contact Phone No:

Session 2: Exploring Barriers to HIV Risk Reduction Strategies			
Checklist	**Yes/No**	**If No, Why**	**Additional Comments**
Were there any topics that you felt you did not have enough information or skills on to lead?			*If yes, please explain:*
Did you feel confident leading discussion on each topic in this session?			*If no, list the topics that you found hard to lead discussion on:*
Were you able to deliver the content in the suggested time?			*If no, briefly list the main constraints:*
Did you complete this session?			*If no, list the topic not covered here:*
Do you have specific suggestions on how to improve the content of this session?			*If yes, provide details here:*
Are they any specific sections your feel are redundant and could be removed?			*If yes, which sections:*
Are there any specific topics that you feel should be added to the session or that more time should be spent on?			*If yes, which sections:*
Your Name:	Sex:	Age:	Contact Phone No:

Session 3: Making HIV Risk Reduction Happen			
Checklist	**Yes/No**	**If No, Why**	**Additional Comments**
Were there any topics that you felt you did not have enough information or skills on to lead?			*If yes, please explain:*
Did you feel confident leading discussion on each topic in this session?			*If no, list the topics that you found hard to lead discussion on:*
Were you able to deliver the content in the suggested time?			*If no, briefly list the main constraints:*
Did you complete this session?			*If no, list the topic not covered here:*
Do you have specific suggestions on how to improve the content of this session?			*If yes, provide details here:*
Are they any specific sections your feel are redundant and could be removed?			*If yes, which sections:*
Are there any specific topics that you feel should be added to the session or that more time should be spent on?			*If yes, which sections:*
Your Name:	Sex:	Age:	Contact Phone No:

MODULE 2 DISCUSSION GROUP QUESTIONS

APPENDIX VIII

HIV Testing and Counselling

In Module 1, we learnt that HTC informs healthy decisions and also provides a gateway to core HIV prevention services. In your group, discuss the following questions and prepare to present back to the plenary.

- Choose two members to present, one on the factors that help men go for HTC and one to present on the factors that may prevent a man from going.
- Develop a short skit to demonstrate the factors that help, as well as those that impede going for HTC.

1. Discus the factors that make it easier for men to go for HTC. What can be done to promote these factors?
2. Discus the factors that make it difficult for men to go for HTC? What can be done to address these difficulties?
3. Specify one or two things that you think make it easier for men to voluntarily go for HTC. Be sure to consider:
   - Internal forces, such as feeling vulnerable, reflection on some event or circumstance.
   - External forces, such as service providers, family or friends.
4. Specify one or two things that you think make it extremely difficult for men to voluntarily go for HTC. Be sure to consider:
   - Internal forces, such as fear, shame, guilt, pride or a sense of safety.
   - External forces, such as access and quality of services (cost, distance, confidentiality, long queues/ waiting).
5. With the exception of compulsory HTC, if there was one thing (or two) that would help get all men to go for HTC, what would you recommend?

Condoms

In Module 1, we learnt that condoms provide protection from pregnancy, STIs and HIV, and that condoms are most effective when used correctly and consistently. In your group, discuss the following questions and prepare to present back to the plenary.

- Choose two members to present, one on the factors that help and encourage men to use condoms and one to present on the factors that may prevent a man from using condoms.
- Develop a short skit to demonstrate the factors that help, as well as those that impede condom use.

1. What factors make it easier for men to use a condom correctly and consistently?
2. What factors make it difficult for men to use a condom correctly and consistently?
3. Specify one or two things that you think make it easier for men to use condoms correctly and consistently. Be sure to consider:
   - Internal forces, such as feeling vulnerable or fearing to infect a partner.
   - External forces, such as friends, service providers or family.
4. Specify one or two things that you think make it extremely difficult for men to use condoms correctly and consistently. Be sure to consider:
   - Internal forces, such as trust/sense of safety, fear of being accused of infidelity, ashamed to suggest condom use or religious beliefs.
   - External forces, such as friends/peers, access (like availability and cost).
5. If there was one thing (or two) that would help get men to use condoms correctly and consistently, what would you recommend?

Antiretroviral Treatment/Therapy

In the first module we learnt that if a person is HIV-positive, ART slows down the multiplication of HIV in their body and keeps it at a low level, allowing them to stay healthy. We also learnt that people who adhere to ART become less vulnerable to opportunistic infections, thereby reducing the likelihood of HIV progressing to AIDS. A person with a low viral load is less likely to pass HIV to their sexual partner than someone with a high viral load. In your group discuss the following questions and prepare to present back to the plenary.

- Choose two members to present, one on the factors that help men adhere to ART and one to present on the factors that may prevent a man from adhering.
- Develop a short skit to demonstrate the factors that help, as well as those that impede ART adherence.

1. What factors make it easier for men to accept, enrol and adhere to ART? (According to SHIMS, only three in every five men that qualify for ART [about 58 percent] are on ART).
2. What factors make it difficult for men to accept, enrol and adhere to ART? (According to SHIMS, about two in every five men that need ART are not on ART).
3. Specify one or two things that you think make it easier for men to accept, enrol and adhere to ART. Be sure to consider:
   - Internal forces, such as knowledge about HIV.
   - External forces, such as volunteers, friends or family.
4. Specify one or two things that you think make it extremely difficult for men to accept, enrol and adhere to ART. Be sure to consider:
   - Internal forces, such as fear, shame or guilt.
   - External forces, such as traditional and religious beliefs. Be specific which ones.
5. If there was one thing (or two) that would help get more HIV-positive men to accept, enrol and adhere to ART, what would you recommend?

Partner Reduction

In Module 1, we learnt that having multiple sexual partners connects you to a sexual network which increases your risk of HIV acquisition compared to if you have only one sexual partner. Men that are in multiple and concurrent sexual partnerships can reduce their risk of HIV by reducing the number of partners they have, testing for HIV and supporting those in their immediate sexual network to do the same, and using a condom. In your group, discuss the following questions and prepare to present back to the plenary.

- Choose two members to present, one on the factors that help men in reducing their number of partners or only having one partner, and one to present on the factors that may prevent a men from reducing their partners.
- Develop a short skit to demonstrate the factors that help, as well as those that impede partner reduction.

1. What factors make it easier for men to reduce sexual partners?
2. What factors make it difficult for men to reduce sexual partners?
3. Specify one or two things that you think make it easier for men to reduce their number of sexual partners. Be sure to consider:
   - Internal forces, such as a desire to be faithful.
   - External forces, such as peers.
4. Specify one or two things that you think make it extremely difficult for men to reduce their number of sexual partners. Be sure to consider:
   - Internal forces, such as wanting to be a "popular" man.
   - External forces, such as living far from main partner, peers or social norms.
5. If there was one thing (or two) that would help get men to reduce their number of sexual partners, what would you recommend?

Voluntary Medical Male Circumcision

In Module 1, we learnt that VMMC reduces the risk of men being infected with HIV, and that if condoms are used correctly and consistently, it further reduces this risk of HIV among circumcised men. In your group, discuss the following questions and prepare to present back to the plenary.

- Choose two members to present, one on the factors that help men go for VMMC and one to present on the factors that may prevent a man from going.
- Develop a short skit to demonstrate the factors that help, as well as those that impede going for VMMC.

1. What factors make it easier for men to accept and go for VMMC?
2. What factors make it difficult for men to accept and go for VMMC?
3. Specify one or two things that you think make it easier for men to accept and go for VMMC. Probe:
   - Internal forces, such as wanting to protect oneself or be like others.
   - External forces, such as peers or mobile VMMC clinics.
4. Specify one or two things that you think make it extremely difficult for men to accept and go for VMMC. Probe:
   - Internal forces, such as fear of pain and the unknown.
   - External forces, such as social norms, peers or distance from clinic.
5. If there was one thing (or two) that would help get men to accept and go for VMMC, what would you recommend?

Prevention of Mother-to-Child Transmission of HIV

In Module 1, we learnt that PMTCT reduces the risk of HIV-positive pregnant and lactating women passing HIV to their babies. Condoms should also be used correctly and consistently during pregnancy and breast feeding. Babies and young children should be brought to a health facility according to schedule so that their health and growth are monitored and they receive the appropriate services. In your group, discuss the following questions and prepare to present back to the plenary.

- Choose two members to present, one on the factors that help be a part of the PMTCT process and one to present on the factors that may prevent a man from being part of PMTCT.
- Develop a short skit to demonstrate the factors that help, as well as those that impede being a part of and supporting PMTCT.

1. What factors make it easier for men to accept, support and participate in PMTCT?
2. What factors make it difficult for men to accept, support and participate in PMTCT?
3. Apart from providing financial support, how else can men participate in PMTCT?
4. Specify one or two things that you think make it easier for men to accept, support and participate in PMTCT. Probe:
   - Internal forces, such as wanting to ensure that baby and partner are healthy.
   - External forces, such as community members or partners.
5. Specify one or two things that you think make it extremely difficult for men to accept, support and participate in PMTCT. Probe:
   - Internal forces, such as fear or not wanting to seem different.
   - External forces, such as family members or social norms.
6. If there was one thing (or two) that would help get men to accept, support and participate in PMTCT, what would you recommend?

Reduction of Gender-Based Violence

In Module 1, we learnt about reduction of GBV. In your group, discuss the following questions and prepare to present back to the plenary.

- Choose two members to present, one on the factors that help men work to reduce GBV in their community and one to present on the factors that may increase hinder reduction in GBV, or possibly even increase it.
- Develop a short skit to demonstrate the factors that help, as well as those that impede reduction of GBV.

1. Discus the factors that make it possible for men to reduce GBV. What can be done to promote these factors?
2. Discus the factors that make it difficult for to decrease GBV? What can be done to address these difficulties?
3. Specify one or two things that you think make it easier for men to speak up against GBV. Be sure to consider:
   - Internal forces, such as feeling vulnerable or learnt behaviours
   - External forces, such as cultural and social norms.
4. Specify one or two things that you think make it extremely difficult for men to work to reduce GBV. Be sure to consider:
   - Internal forces, such as fear, shame, guilt, pride or a sense of safety.
   - External forces, such as cultural and social norms.
5. If there was one thing (or two) that men could do today to reduce GBV, what would you recommend?

POWER AND GENDER WORKSHEET

APPENDIX IX

No.	Statement	Always	Sometimes	Never
1	When I talk to my partner I often raise my voice.			
2	I feel more important than the people working for/with me.			
3	I can't stand to be refused sex.			
4	I kick animals.			
5	I decide how my household money is spent.			
6	I feel that I can have several sexual partners without telling my main partner.			
7	I hit children when they don't listen.			
8	When I quarrel with someone I never apologize. I wait until they come to make up with me.			
9	I feel that people have the right to buy sexual favors.			
10	I feel that one partner in an intimate relationship can beat the other if there is a good reason.			
11	I feel ashamed to greet people who have less status than me, especially when we are in public.			
12	I easily shout at my those that do work for me at my home.			
13	I have to have the final decision in all matters at home.			
14	When I am nervous I become aggressive.			
15	I easily call a person a liar, stupid, ugly, etc.			

QUIZ SCORE SHEET

APPENDIX X

Topic	Question	Team 1		Team 2	
		Gain	Loss	Gain	Loss
HTC	1				
	2				
Condom	3				
	4				
VMMC	5				
	6				
ART	7				
	8				
	9				
PMTCT	10				
	11				
	12				
	13				
GBV	14				
	15				
Partner Reduction	16				
	17				
Totals (Gain/Loss)					
Net (Gain – Loss)					
Total Score					

ACTION PLANNING TOOL

APPENDIX XI

Plan Owner			
Plan Title			
Goal			
Desired Outcome			
Action	**Timeframe**	**Risks & Assumptions**	**Risk Mitigation Measures**

SITE OBSERVATION FORM

APPENDIX XII

This form should be completed both during supportive supervision and QI missions to the field.

Directions:

- Be orderly: if the supervision or QI team is comprised of more than one person, agree who is the team lead for the visit. Each member of the supervisory team should fill a separate form.
- Talk less, listen more: observe and make an opinion based on what you see and hear. Remember that you are only a visitor. It is important not to interrupt the facilitator while in the process of leading a discussion. Interrupting can demoralise the facilitator and also undermine the confidence of participants in her/him.
- If you are a team, act as a team: share and discuss your individual observations before providing feedback to the facilitator. During the feedback session with the facilitator, only one person should engage with the facilitator at a time. Other members of the team should speak only if it is absolutely necessary. Alternatively, agree as a team who shall give feedback on what topic, and take turns.
- Provide encouragement: negative feedback has to be given tactfully lest it be perceived as criticism or a lack of appreciation. Therefore:
  - Always appreciate the facilitator for her/his time and commitment. This shall sound genuine only if the feedback session is conducted in an orderly and respectful manner, as recommended above.
  - Do not overload the facilitator with negative feedback. If you observe too many gaps, just pick out a few key ones and take up the matter as more of a management issue and try to intervene at that level.

1. People (Participants): the sessions involved the right target group, such as age and sex/gender. **YES/NO**
If no, explain exactly what the mismatch is: _____
_____

2. Facilitator: the facilitator is effective

- The facilitator follows the sequence and recommended time. **YES/NO**
- The facilitator is knowledgeable in the topic he/she is facilitating. **YES/NO**
- The facilitator is organised, for example, readily finds the page where he/she is facilitating, has printed storylines, all necessary materials (such as demo-penis and condoms) handy, and HTC/other services available onsite. **YES/NO**
- Facilitator manages time, arrives on time and spends the right amount of time on the session. **YES/NO**
- Spends the appropriate amount of time on important topics, does not give too much time to less important discussions and releases participants on time. **YES/NO**

Overall rating out of 5 = _____/5

Give a brief statement for the overall rating awarded: _____
_____
_____

3. Location: Is the session being conducted in a conducive environment?

- The place is away from distractions, such as noise from passers-by or noisy traffic.
- Participants are in a comfortable seating arrangement.
- There are appropriate, clean bathroom facilities on-site.
- There is enough space for everyone to comfortably move around.
- There is a sense of privacy so that participants can feel comfortable in sharing personal stories.

Overall rating out of 5 = _____/5

Give a brief statement for the overall rating awarded: _____
_____
_____

4. Interview the facilitator on topics that he/she considers a) redundant or b) inadequate or c) totally missing. For each, clear reasons/justification should be solicited. Be sure to record the answers.

5. Take a sample of participants and talk to them individually, and record their responses. Please note that the information required is about "participant perception" and in a "comparative mood." Therefore, do not leave blank spaces, make sure to press for an answer. If that cannot be done, this cannot be done, it good as not doing this process altogether. Example questions are below.

- Did you feel comfortable speaking with the facilitator about concerns you may have or asking for further explanation if you did not understand something?
- Was the facilitator available for questions and to speak with participants one on one of they wanted?
- Do you feel like you learned from the facilitator?
- What did the facilitator do well?
- What could the facilitator improve on?

Provide overall feedback to the facilitator:

- Positive feedback.
- Areas requiring improvement. DO NOT REPRIMAND.
- Ask the facilitator what specific support he/she requires from other team members.

Ask the facilitator specific questions as listed in the table below. Record the answers in the table.

Question	Topics/Sessions	Reason, explain your answer
Which topics/sessions did you enjoy facilitating and why?		
Which topics did you find difficult to facilitate on and why?		
What specific topics did you feel that you have adequate information on?		
What specific topics or sessions do you feel are redundant and need to be removed and why?		
What specific new topics or sessions or information do you feel need to be added and why?		
What specific skills do you feel that you lack or need strengthening and why?		